^2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000019477

1. Entity Name

ARCHITECTURAL METAL FABRICATIONS, INC.



FILED Feb 19, 2008 08:00 AN Secretary of State

Principal Place of Business

2250 B HIGHWAY 98

MARY ESTHER, FL 32569 US

Mailing Address

2250 B HIGHWAY 98 MARY ESTHER, FL 32569

.569 US



DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3302019 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

RICHBURG, CHARLES B 443 SANDY RIDGE CIRCLE MARY ESTHER, FL 32569

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
		Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	•
10.	OFFICERS AND DIREC	TORS		HART HARTEN STATE OF THE STATE OF THE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RATHMANN, WILLIAM D 2149 CASA DE IRA NAVARRE, FL 32566			U00000832142 02/27/08-80048-004 150.00
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

l-13,208

850.551-5319

Daytime Phone ≢