

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000072083**

1. Entity Name

ALL METAL FABRICATORS OF PINELLAS INC.



Principal Place of Business

4800 95TH ST. N.  
ST. PETE, FL 33704

Mailing Address

4800 95TH ST. N.  
ST. PETE, FL 33704

**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0609940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENNET, JIM  
9157 109TH TERR N  
LARGO, FL 33708

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENNETT, JAMES C
STREET ADDRESS	9157 109TH TERR N
CITY-ST-ZIP	LARGO, FL 34644
TITLE	V
NAME	BENNETT, JENNIFER
STREET ADDRESS	9157 109TH TERR N
CITY-ST-ZIP	LARGO, FL 34644
TITLE	S
NAME	BENNETT, LAURIE
STREET ADDRESS	9157 109TH TERR N
CITY-ST-ZIP	LARGO, FL 34644
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000472367  
03/29/06-80033-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

3-14-06 727-316-6541