


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90080 021 ***150.00

DOCUMENT # P97000105894 1. Entity Name PRODUCTION METAL STAMPINGS INC.					
Principal Place of Business 8305 KLONDIKE RD. PENSACOLA, FL 32526			Mailing Address 8305 KLONDIKE RD. PENSACOLA, FL 32526		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number 59-3485094				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FULFORD, THOMAS B 8305 KLONDINE RD. PENSACOLA, FL 32526				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FULFORD, THOMAS B 8305 KLONDINE RD. PENSACOLA, FL 32526 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">PLEASE NOTE</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FULFORD, MERIEL 8305 KLONDINE RD. PENSACOLA, FL 32526 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">CHANGES ON</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 2em; text-align: center;">ATTACHMENT</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # _____					

**ATTACHMENT**
Division of Corporations

40046230

Annual Report

Document Number

P97000105894

Business Entity Name

PRODUCTION METAL STAMPINGS INC.

FEI Number

593485094

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

8133 OPPORTUNITY DRIVE

Suite, Apt. #, etc.

City, State

MILTON

FL

Zip Code & Country

32583

Mailing Address

Address

8133 OPPORTUNITY DRIVE

Suite, Apt. #, etc.

City, State

MILTON

FL

Zip Code & Country

32583

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FULFORD

THOMAS

B

-or- RA Business Name

Address

8133 OPPORTUNITY DRIVE

Suite, Apt. #, etc.

City, State

MILTON

FL

Zip Code & Country

32583

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgerly under s 331.06, Florida Statutes.

ATTACHMENT

40046230
P97600105894

Officer/Director Name And Address

Title PRES
Name (Last, First, Middle, Title) FULFORD THOMAS B
-or- Entity Name
Street Address 8133 OPPORTUNITY DRIVE
City, State MILTON FL
Zip Code & Country 32583 US

Title VP
Name (Last, First, Middle, Title) FULFORD MERIEL
-or- Entity Name
Street Address 8133 OPPORTUNITY DRIVE
City, State MILTON FL
Zip Code & Country 32583 US

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

ATTACHMENT

40046230
#P97000105894

Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
or- Entity Name	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	<input type="text" value="PRES"/>
Officer/Director Signature	<input type="text" value="THOMAS BARRY FULFORD"/>

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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