

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000058260 1. Entity Name IRONWORKS, INC., OF ORANGE PARK					
Principal Place of Business 1701 BLANDING BLVD MIDDLEBURG FL 32068			Mailing Address P.O. BOX 65849 ORANGE PARK FL 32065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3526251 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELD & ISRAEL 1301 RIVERPLACE BLVD., SUITE 1916 JACKSONVILLE FL 32207			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD VALLENCOURT, MICHAEL A 1701 BLANDING BLVD MIDDLEBURG FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> U00000618700 02/08/07-80040-007 150.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VALLENCOURT, KATHRYN J 1701 BLANDING BLVD MIDDLEBURG FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Kat J. Valencourt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> 1.29.07 (904) 291-9330 <small>Date Daytime Phone #</small> </div>		

