

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000102071

1. Entity Name  
ADVANCED FABRICATION AND WELDING, INC.



Principal Place of Business  
200 JACKS BRANCH ROAD  
CANTONMENT, FL 32533

Mailing Address  
200 JACKS BRANCH ROAD  
CANTONMENT, FL 32533

**FILED**  
**Aug 20, 2004 08:00 AM**  
**Secretary of State**



08182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3561661

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAIN, PEGGY D  
200 JACKS BRANCH ROAD  
CANTONMENT, FL 32533

**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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CAIN, PEGGY D
STREET ADDRESS	200 JACKS BRANCH ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	V
NAME	CAIN, DANNY L
STREET ADDRESS	200 JACKS BRANCH ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000170482  
08/20/04-80002-014 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Peggy D Cain - President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/04 850-968-5592

Date

Daytime Phone #