


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000006181 1. Entity Name ALL SOUTHERN FABRICATORS, INC. |  |
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|---|---|
| Principal Place of Business 5010 126TH AVE. N. CLEARWATER, FL 33760 | Mailing Address 5010 126TH AVE. N. CLEARWATER, FL 33760 |
|---|---|



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 57-0956326 | 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

**ANDREW SERVICE CORPORATION OF FLORIDA
201 E. KENNEDY BLVD., SUITE 2100
TAMPA, FL 33602**

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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 _____

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANTANA, MANUEL JR 5471 LAKE LE CLARE RD. LUTZ, FL 33549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIS, PAVLYNN A 10537 DIXON DR. SEMINOLE, FL 33772 |
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03/23/07-80048-018 150.00

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: *Paulynn Willis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PAVLYNN WILLIS**

3-12-07 (727) 5734846
Date Daytime Phone #

Eyt 3039