

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000006181

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: ALL SOUTHERN FABRICATORS, INC.

**Current Principal Place of Business:**

5010 126TH AVE. N.  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 658  
PINELLAS PARK, FL 33780

**New Mailing Address:**

FEI Number: 57-0956326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIS, PAVLYNN  
5010 126TH AVE. N.  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SANTANA, MANUEL JR  
Address: 5471 LAKE LE CLARE RD.  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: WILLIS, PAVLYNN A  
Address: 10537 DIXON DR.  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAVLYNN WILLIS

VP

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date