2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000045774

D. E. E. CUSTOM FABRICATORS, INC.



FILED Apr 26, 2006 08:00 AN Secretary of State

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Principal Place of Business M				Mailing Address								
3604 WATERFIELD PKWY				3604 WATERFIELD PKWY Suite B								
				LAKELAND, FL 33803 US						II (1994) Mania 1901		
Principal Place of Business 3.				3. Mailing Address								
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				04192006	Chg-P	CR2E03	34 (11/05)	
City & State			1	City & State				4. FEI Numb		•	<u> </u>	oplied For
Zip Country			1 -	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Regist				itered Agent				7. Name and Address of New Registered Agent				
MOMENTED CARVERVE					Name							
MCWHIRTER, GARY BRUCE 1949 HIGH VISTA DRIVE				Street Addre			dress (ss (P.O. Box Number is Not Acceptable)				
LAKELANI	D, FL 338	313										
					City				90014	Zip Codi	a .	
The above named entity submits this statement for the purpose of changing its register.						1				FL	'	- 1
	named entitions of regist		r the p	urpose of changing its	register	ed office or I	register	ed agent, or be	oth, in the State of Fl	orida. I am te	ımiliar with,	and accept
CICNIATI IDE												
SIGNATURE_	Signature, typed	or printed name of registered agent	and title i	fappikabla. (NOTE	: Registers	d Agent signatur	e required	i when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
		FEE IS \$150.00 6 Fee will be \$550.0	00	Trust Fund Contr			Add	ed to Fees				
10.	TORS	11.			ADDITIONS	I I/CHANGES TO OFF	FICERS AND	DIRECTÓR:	S IN 11			
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CITY-ST-ZIP CITY-ST 12. I hereby certify that the Information supplied with this filling does not qualify for the exem							ntained	l in Chanter 11	9 Florida Stotuten 1	further costil	hy that the Ir	formation
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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

4-23-06