

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14372

FILED
Apr 16, 2009
Secretary of State

Entity Name: SCR PRECISION TUBE BENDING, INC.

Current Principal Place of Business:

5407 24TH AVE SOUTH
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

5407 24TH AVE SOUTH
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-3040419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANEY, RICHARD HENRY
101 E. KENNEDY BLVD.
SUITE 3170
TAMPA, FL 33602 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: PV () Delete
Name: SHAFER, PATRICIA M P/V
Address: 301 10TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: ST () Delete
Name: SHAFER, PATRICIA M S/T
Address: 301 10TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: PV () Delete
Name: SMITH, SHAWN E V PRES
Address: 4008 S WESTSHORE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAFER, PATRICIA M P
Address: 301 10TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

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

Title: VP (X) Change () Addition
Name: SMITH, SHAWN E V PRES
Address: 4008 S WESTSHORE
City-St-Zip: TAMPA, FL 33611

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: PATRICIA M. SHAFER

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date