


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90076 021 ***150.00

DOCUMENT # S35472 1. Entity Name PENSACOLA METAL FABRICATION, INC.					
Principal Place of Business 9320 UNTREINER AVE. PENSACOLA, FL 32534			Mailing Address 9320 UNTREINER AVE. PENSACOLA, FL 32534		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SMITH, LARRY D 11567 DUELING OAKS CT. PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		01052006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3048424	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	SMITH, LARRY D				
STREET ADDRESS	11584 DUELING OAKS DR.				
CITY-ST-ZIP	PENSACOLA, FL 32514				
TITLE	V	<input checked="" type="checkbox"/> Delete			
NAME	KELLER, WILLIAM O				
STREET ADDRESS	7308 BUELAH ROAD				
CITY-ST-ZIP	PENSACOLA, FL 32506				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	SMITH, VIRGINIA G				
STREET ADDRESS	8904 ARCADIA RD				
CITY-ST-ZIP	PENSACOLA, FL 32514				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SMITH, DAVID A.				
STREET ADDRESS	10421 WATERFORD DR				
CITY-ST-ZIP	PENSACOLA FL 32514				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: _____		1-13-2006 850)4840662 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					