


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90034 020 ***150.00

DOCUMENT # V31156

1. Entity Name
TREMBLAY FABRICATION, INC.



Principal Place of Business
~~22 N. W. 3RD AVE CHIEFLAND FL 32626~~ *"moved"*
13490 Old Fanning Rd. N. Chiefland Fla 32626

Mailing Address
P.O. BOX 1489 CHIEFLAND FL 32626

2. Principal Place of Business
13490 Old Fanning Rd

3. Mailing Address
P.O. Box 1489

Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State
Chiefland Fla

City & State
Chiefland Fla

Zip
32626

Country
Levy

Zip
32644

Country
Levy

4. FEI Number **59-3116809** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECK, PHILLIP K
 11151 N.W. 151 ST.
 CHIEFLAND FL 32626**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME TREMBLAY, RONALD H	
STREET ADDRESS 13490 C.R. 207, N.	
CITY-ST-ZIP CHIEFLAND FL 32626	
TITLE ST	<input type="checkbox"/> Delete
NAME TREMBLAY, GWEN M	
STREET ADDRESS 13490 C.R. 207, N.	
CITY-ST-ZIP CHIEFLAND FL 32626	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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 power like empowered.

SIGNATURE: _____ DATE: **3/28/05** 352-493-2937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #