

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003055

FILED
Jan 15, 2009
Secretary of State

Entity Name: KALTHOFF FABRICATORS, INC.

Current Principal Place of Business:

1010 WILDER PLACE
KNOXVILLE, TN 37915

New Principal Place of Business:

3600 PAPERMILL ROAD
KNOXVILLE, TN 37909

Current Mailing Address:

PO BOX 10048
KNOXVILLE, TN 37939 US

New Mailing Address:

FEI Number: 62-1047082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MR () Delete
Name: DUGGER, DAVID PRES
Address: 3600 PAPERMILL RD
City-St-Zip: KNOXVILLE, TN 37909 US

Title: MR () Delete
Name: WOLF, TODD SECRETA
Address: 3600 PAPERMILL ROAD
City-St-Zip: KNOXVILLE, TN 37909 US

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: TODD WOLF

SECR

01/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date