

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13007

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: PHOENIX FABRICATORS AND ERECTORS, INC.

**Current Principal Place of Business:**

182 S COUNTY RD, 900 E  
AVON, IN 46123 US

**New Principal Place of Business:**

**Current Mailing Address:**

182 S COUNTY RD, 900 E  
AVON, IN 46123 US

**New Mailing Address:**

FEI Number: 35-1676662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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: PD ( ) Delete  
Name: SHORT, JEFFERY A.,  
Address: 8808 CLASSIC VIEW DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46217

Title: VD ( ) Delete  
Name: LAKIN, CHARLES D.,  
Address: 745 ABBINGTON STATION  
City-St-Zip: DANVILLE, IN 46122

Title: VD ( ) Delete  
Name: WARREN, HUGH K  
Address: 8008 FISHBACK RD.  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: VD ( ) Delete  
Name: ROTHERBER, EUGENE M  
Address: 6398 QUAIL RIDGE E  
City-St-Zip: PLAINFIELD, IN 46168

Title: ST ( ) Delete  
Name: YOHLER, TIMOTHY F  
Address: 323 SCARBOROUGH WAY  
City-St-Zip: NOBLESVILLE, IN 46060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VD (X) Change ( ) Addition  
Name: ROTHERBER, EUGENE M  
Address: 1937 COUNTY ROAD N 425 EAST  
City-St-Zip: AVON, IN 46123

Title: STD (X) Change ( ) Addition  
Name: YOHLER, TIMOTHY F  
Address: 323 SCARBOROUGH WAY  
City-St-Zip: NOBLESVILLE, IN 46060

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY F. YOHLER

STD

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date