2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P13007

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:

182 SOUTH COUNTY ROAD 900 EAST
AVON, IN 46123 US

Current Mailing Address:

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

New Mailing Address:

182 SOUTH COUNTY ROAD 900 EAST
AVON, IN 46123 US

FEI Number: 35-1676662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: 3625 EAST COUNTY ROAD 750 SOUTH
City-St-Zip: CLAYTON, IN 46118

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: 1937 COUNTY ROAD N 425 EAST
City-St-Zip: AVON, IN 46123

Title: STD ( ) 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: ( ) 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: TIMOTHY F. YOHLER STD 01/15/2009

Electronic Signature of Signing Officer or Director Date