FORM D

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U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D. C. 20549

#### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
	DATE RECEIVE	ED				

V	
Name of Offering ( check if this is an amendment and name has changed, and inditarpon Industries, Inc.	icate change.)
Filing Under (Check box(es) that apply: Rule 504 Rule 505 X	Rule 506 Section 4(6) ULOE
Type of Filing: X New Filing Amendment	
,, , , , , , , , , , , , , , , , , , ,	
A. BASIC IDENTIFICATIO	N DATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indic Tarpon Industries, Inc.	eate change.) 07073452
Address of Executives Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Cour.)
2420 Wills Street, Marysville, Michigan 48040	(810) 364-7421
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business:	The Community distributes and best and a color of
The Company manufacturers and sells structural and mechanical steel tubing and storage rack sys	stems. The Company also distributes and prokers the sale of
structural and mechanical steel tubing manufactured by others.	
Type of Business Organization	
X Corporation limited partnership, already formed	
The corporation in the parameters, areas, returns	other (please specify) PROCESSED
business trust limited partnership, to be formed	
	AUG_0_1.2007
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization:  0 1 0 2	X Actual Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	\
CN for Canada: FN for other foreign juri	isdiction)
GENERAL INSTRUCTIONS	
Federal:	Sxi 4(6) 17 CED 220 501 ot and Or 15 H.S.C. 774(6)
Who must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S	Section 4(0), 17 CFR 230.301 et seq. Of 13 0.3.C. 7/0(0).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fees: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
<ul> <li>2. Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or dispsition of 10% or more of a class of equity securities of the issuer.</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or Managing Partner
Full Name (Last name first, if individual)  James W. Bradshaw
Business or Residence Address (Number and Street, City, Sate, Zip Code) 2420 Wills Street. Marysville, Michigan 48040
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Patrick J. Hook
Business or Residence Address (Number and Street, City, State, Zip Code) 2420 Wills Street. Marysville, Michigan 48040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner
Full Name (Last name first, if individual) Michael Ard
Business or Residence Address (Number and Street, City, State, Zip Code) 2420 Wills Street. Marysville, Michigan 48040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner
Full Name (Last name first, if individual) Frank Gesuale
Business or Residence Address (Number and Street, City, State, Zip Code) 2420 Wills Street. Marysville, Michigan 48040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer X Director General and/or Managing Partner
Full Name (Last name first, if individual) Tracy Shellabarger
Business or Residence Address (Number and Street, City, State, Zip Code) 2420 Wills Street. Marysville, Michigan 48040
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blook or convend use additional conies of this sheet, as necessary)

					B.	INFORMA	TION ABO	UT OFFER	ING			
1. Has th	ne issuer sold	, or does the	issuer intend				this offering				Y	es No X
2. What	is the minim	um investme	ent that will t	e accepted f	rom any indi	ividual?				,	wa	0,000 unless ived by the mpany
3. Does	the offering p	permit joint (	ownershipof	a single unit	?						X	
remui perso than i deale	neration for s	olicitation of a broker or ns to be liste	d for each pe f purchasers dealer registe ed are associa lividual)	in connection ered with the	n with sales of SEC and/or	of securities with a state	in the offerin or states, list	ig, If a perso the names o	on to be listed f the broker	d in an assoc or dealer. If	iated more	
	Gunnar & Co		Number and	Street City	State Zin Co	nde)			•			
			York 10004		orato, Esp o	,						
	Associated											
			s solicited or individual S		olicit Purcha	sers						X All States
[AL] [IL] [MT] RI]	(AK) (IN) (NE) (SC)	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)
Full Nar	ne (Last nam	e first, if inc	lividual)			·						
Business	s or Residenc	e Address (1	Number and	Street, City,	State, Zip Co	ode)		<del></del>				
Name of	Associated	Broker or Do	caler							-		
			s solicited or individual S		olicit Purcha	sers						All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC] ne (Last nam	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
run nar	ne (Last nam	ie iirsi, ii inc	iividuai)									
Busines	s or Residence	ce Address (1	Number and	Street, City,	State, Zip Co	ode)						, <u></u>
Name of	Associated	Broker or De	ealer				. <u></u> -					
			s solicited or individual S		olicit Purcha	isers						All States
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# 1. Enter the aggregate offering price of securities, included in this offering and the total amount already Sold. Enter "0" if newer is "none" or "zero." If the and indicate in the columns below the amounts of the securities offered for exchange and already transaction is an exchange offering, check this box exchanged. Amount Already Aggregate Type of Security Offering Price Sold \$1,700,000 \$1,700,000 \$0 Common Preferred \* The Company offered and sold \$1,700,000 worth of \$10,000 Units comprised of promissory notes and securities. Convertible Securities (including warrants)... Partnership Interests Other (Specify Warrants)..... Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$1,700,000 Non-accredited Investors. Total (for filings under Rule 504 only). Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering, classify securities by type in Part G Question 1. Type of Dollar Amount Type of Offering Security Sold a. Furnish a statement of all expenses in connection withthe issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not knownumish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. X \$2,500 Printing and Engraving Costs.... X \$75,000 Legal Fces.(estimated). Accounting Fees (estimated) Engineering Fees Sales Commissions (specify finders' fees separately). Other Expenses (identify) \$77,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnis response to Part C - Question 4 a. This difference is the "adjusted gross proceeds to the issuer."	shed in	\$ <u>1,622,500</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes s  If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the purpose is not known, furnish an estimate and check the box to the left of the estimate.	shown. ayments	
	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	; <u> </u>	\$
Purchase of real estate	· _	\$
Purchase, rental or leasing and installation of machinery and equipment	s 🗆	\$
Construction or leasing of plant buildings and facilities	<b>.</b>	\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b>.</b>	\$
Repayment of indebtedness 5	s 🗀	
Working capital	S X	\$1,622,500
Other (specify):	s 🗀	\$
	s <u> </u>	\$
Column Totals	s X	\$1,622,500
Total Payments Listed (column totals added)X	\$1,622,500	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

to furnish to the U.S. Securities and Exchange Commission, upor paragraph (b)(2) of Rule 502.	n written request of its staff, the information furnished by the issuer to any non-ac	ccredited investor pursuant to
Issuer (Print or Type) Tarpon Industries, Inc.	Signature AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	7-20-07
Name of Signer (Print or Type) James W. Bradshaw	Title of Signer (Print or Type) Chief Executive Officer	

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an

D. FEDERAL SIGNATURE

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
Yes No 1. Is any party described in 17 CFR 230.2520	(c), (d), (e) or (f) presently subject to any of the disqualification pro	ovisions of such rule? X
	See Appendix, Column 5 for state response.	
The undersigned issuer hereby undertakes to at such times as required by state law.	furnish to any state administrator of any state in which this notice is filed, a	notice on Form D (17) CFR 239.500)
3. The undersigned issuer hereby undertakes to	furnish to any state administrators, upon written request, information furnish	ned by the issuer to offerees.
(ULOE) of the state in which	suer is familiar with the conditions that must be satisfied to be entitled to the issuer claiming the availability of this exemption has the burden of establishing	
The issuer has read this notification and knows the corpersons.	ntents to be true and has duly caused this notice to be signed on its behalf of t	the undersigned duly authorized
Issuer (Print or Type) Tarpon Industries, Inc.	Sternature Andrew	Date 7-20-07
Name of Signer (Print or Type) James W. Bradshaw	Title of Samer (Print or Type) Chief Executive Officer	

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1		2	3 4 5						
	to non- investo	nd to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Units <sup>1</sup>	Number of Accredited Investors	Accredited Non-Accredited			Yes	No
AL									
AK									
AZ	-								
AR						<u> </u>			
CA									
CO									
CT									
DE									
DC									
FL		X	14.3	3	\$143,000	0	0		X
GA		X	83.7	20	\$837,000	0	0		X
HI									
ID	_								
IL									
IN	_								
IA									
KS		X	1	1	\$10,000	0	0		X
KY									
LA		X	4.5	4	\$45,000	0	0		X
ME									
MD									
MA		X	.5	1	\$5,000	0	0		X
MI		X	.5	1	\$5,000	0	0		X
MN									
MS		X	.5	1	\$5,000	0	0		X
МО									

<sup>&</sup>lt;sup>1</sup> Comprised of notes and securities.

<sup>::</sup>ODMA\PCDOCS\RMF\_DOC\393303\I

## APPENDIX

1		2	3		5				
	to non- investo	nd to sell accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Units	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		ļ							
NE									<u> </u>
NV									
NH									•
NJ		X	2.5	2	\$25,000	0	0		X
NM									
NY		X	50.5	18	\$505,000	0	0		X
NC									
ND		ļ							
ОН		X	2.5	1	\$25,000	0	0		X
OK									
OR					<b></b>				1 7 7
PA		X	3.5	2	\$35,000	0	0		X
RI									
SC		X	1	1	\$10,000	0	0		X
SD			<u> </u>				 		
TN					050.000				77
TX		X	5	2	\$50,000	0	0		X
UT							_		<u> </u>
VT									<b></b>
VA							_		
WA							_		
WV							_		
WI									
WY	<del></del>								
PR									

