2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F64729

1. Entity Name
QUICKSILVER WELDING SERVICE, INC.

Principal Place of Business	Mailing Address
65 CRISSMAN ROAD SANTA ROSA BEACH, FL 32459	65 CRISSMAN ROAD SANTA ROSA BEACH, FL 32459

03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2162389
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRISSMAN, DARLENE M
65 CRISSMAN ROAD
SANTA ROSA BEACH, FL 32459

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000113066
04/14/04-80048-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRISSMAN, WILLIAM A., JR
STREET ADDRESS	65 CRISSMAN ROAD
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	VPST
NAME	CRISSMAN, DARLENE M
STREET ADDRESS	65 CRISSMAN ROAD
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 other like empowered.

SIGNATURE: Darlene M. Crissman Sec/Treas Darlene M Crissman 3/24/04 (850)267-2849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #