

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 048 ***150.00

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04012005 Chg-P CR2E034 (10/03)

DOCUMENT # J56298			
1. Entity Name ALL DAVIE WELDING, INC.			
Principal Place of Business % GARY JONES 4685 SOUTHWEST 83RD TERRACE DAVIE, FL		Mailing Address % GARY JONES 4685 SOUTHWEST 83RD TERRACE DAVIE, FL	
2. Principal Place of Business <i>1909 NW 16 ST</i>		3. Mailing Address <i>1909 NW 16 ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>POPLANO BEACH FL</i>		City & State <i>POPLANO BEACH FL</i>	
Zip <i>FL</i>	Country <i>Broward</i>	Zip <i>33069</i>	Country <i>Broward</i>
4. FEI Number 59-2770988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, GARY 4685 SOUTHWEST 83RD TERRACE DAVIE, FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JONES, GARY 4685 SW 83RD TERRACE DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JONES, GARY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1909 NW 16 ST</i> <i>POPLANO BEACH, FL 33069</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, LINDA 4685 SW 83RD TERRACE DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JONES, LINDA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1909 NW 16 ST</i> <i>POPLANO BEACH, FL 33069</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date: <i>4/15/05</i> 954-984-0600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	