

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67947

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** GUNN'S WELDING AND FABRICATING, INC.

**Current Principal Place of Business:**

C/O JUDY C. GUNN- LARSON  
4729 96TH ST N  
ST PETERSBURG, FL 337080738

**New Principal Place of Business:**

GUNN'S WELDING & FAB. C/O JC GUNN-LARSON  
4729 96TH ST N  
ST PETERSBURG, FL 337080738

**Current Mailing Address:**

C/O JUDY C. GUNN- LARSON  
4729 96TH ST N  
ST PETERSBURG, FL 337080738

**New Mailing Address:**

GUNN'S WELDING & FAB. C/O JC GUNN-LARSON  
4729 96TH ST N  
ST PETERSBURG, FL 337080738

**FEI Number:** 59-2933429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUNN-LARSON, JUDY C  
4729 96TH ST N  
ST PETERSBURG, FL 337080738 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: P  
Name: GUNN, JOANNE M  
Address: 8523 MOCKINGBIRD LANE  
City-St-Zip: SEMINOLE, FL 33777

Title: V  
Name: GUNN, ROBERT E JR  
Address: 8523 MOCKINGBIRD LANE  
City-St-Zip: SEMINOLE, FL 33777

Title: S  
Name: GUNN-LARSON, JUDY C  
Address: 8390 KUMQUAT AVE N  
City-St-Zip: SEMINOLE, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: JUDY C. GUNN-LARSON

SEC

04/29/2010

Electronic Signature of Signing Officer or Director

Date