

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

10 MAY 20 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019456

1. Entity Name  
SUREWELD WELDING, INC.



Principal Place of Business  
3050 WEST SOCROM LOOP ROAD  
LAKELAND, FL 33810

Mailing Address  
3050 WEST SOCROM LOOP ROAD  
LAKELAND, FL 33810

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.



05112010 Chg-P CR2E034 (11/08)

City & State

City & State

4. FEI Number  
59-3492602

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COE, JAMES P  
3050 WEST SOCROM LOOP ROAD  
LAKELAND, FL 33810

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 24, 2010**

9. Election Campaign Financing  
Trust Fund Contribution,

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CEO  
COE, MELISSA  
3050 WEST SOCROM LOOP ROAD  
LAKELAND, FL 33810  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PCOO  
COE, PETE  
3050 WEST SOCROM LOOP ROAD  
LAKELAND, FL 33810  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
HINES, DEBORAH D  
7503 N ARRAWANA  
TAMPA, FL 33614  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

A 5/21

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-10 813-416-5365

Date

Daytime Phone #