2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2006 08:00 AM Secretary of State

DOCUMENT # S32623 1. Entity Name JAMES BROCK WELDING, INC.			Secretary of State			
Principal Place of Business Mailing Address 3323 SWINDELL ROAD 3323 SWINDELL ROAD LAKELAND, FL 33805 LAKELAND, FL 33805						
DO NOT WRITE IN THIS SPACE				02062006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied Services 5. Certificate of Status Desired \$8.75 Additional Fee Required		
8. Name and Address of Current Registered Agent BROCK, JAMES A. 3323 SWINDELL ROAD LAKELAND, FL 33805			DO NOT WRITE IN THIS SPACE			
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 provided when remarking 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, typed or provided when remarking 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, typed or provided when remarking 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.						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution				.00 May 6e led to Fees		
TO. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PST BROCK, JAMES 5011 LEWELLYN RD LAKELAND, FL	PTORS			U0000043584 02/27/06-80008	S
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	D BROCK, JAMES 5011 LEWELLYN RD LAKELAND, FL				DELETTOO DOOD	010 130°00
NAME STREET ADDRESS CHY-ST-217		·			NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	·
DITLE NAME STREET ADDRESS CITY-ST-ZIP						
THILE NAME STREET ADDRESS CITY-ST-ZIP	·					
12. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or fusite 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 attachyment with an address, with all other like empowered.						