

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90028 004 \*\*\*150.00

**DOCUMENT # 334452**

1. Entity Name

GENE'S WELDING & ERECTING CO.



Principal Place of Business

6480 126TH AVE.,  
UNIT B  
LARGO FL 33773-1833  
US

Mailing Address

6480 126TH AVE.,  
UNIT B  
LARGO FL 33773-1833  
US

64011637



MOORE CR2E034 (11/03)

2. Principal Place of Business

6464 126TH AVE, N

3. Mailing Address

6464 126TH AVE, N

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

City & State

4. FEI Number

59-1209652

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

JORDAN, BETTY  
6480 12TH AVE  
UNIT B  
LARGO FL 33773-1833

Name

Street Address (P.O. Box Number is Not Acceptable)

6464 126TH AVE, N

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME JORDAN, GENE  
STREET ADDRESS 6464 126TH AVE. UNIT A  
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME JORDAN, BETTY L.  
STREET ADDRESS 6464 126TH AVE. UNIT A  
CITY-ST-ZIP LARGO FL 33773

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

*Betty S. Jordan* Sec. Treas & ST.

2-11-04

727-535-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #