


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 339920 1. Entity Name LAKE WELDING SUPPLIES INC	
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Principal Place of Business 1415 W AVE A BELLE GLADE, FL 33430 US	Mailing Address 1415 W AVE A BELLE GLADE, FL 33430 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1226808	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIMES, DAVID L 1415 W AVE A BELLE GLADE, FL 33430
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000578292 01/09/07-80023-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP RIMES, WM D 209 ROYAL PALM WAY BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIMES, DAVID L 209 ROYAL PALM WAY BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIMES, LAURA A 209 ROYAL PALM WAY BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RIMES, RONALD H 209 ROYAL PALM WAY BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM RIMES, DAVID L 240 ROYAL PALM WAY BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/3/07 <small>Date</small>	561-986-6666 <small>Daytime Phone #</small>
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