

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 359621

FILED
Jun 22, 2009
Secretary of State

Entity Name: MIMS WELDING INCORPORATED

Current Principal Place of Business:

1051 E MAIN
PO BOX 3235
IMMOKALEE, FL 34143 US

New Principal Place of Business:

1051 E MAIN
IMMOKALEE, FL 34143 US

Current Mailing Address:

PO BOX 3235
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 59-1325680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIMS, ALTON LOUIS
STATE ROAD 29 SOUTH
IMMOKALEE, FL 34142 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MIMS, PRESTON THOMAS
Address: STATE ROAD 29 SOUTH
City-St-Zip: IMMOKALEE, FL

Title: PD () Delete
Name: MIMS, ALTON LOUIS
Address: STATE ROAD 29 SOUTH
City-St-Zip: IMMOKALEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: A L MIMS

PD

06/22/2009

Electronic Signature of Signing Officer or Director

_____ Date