

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90090 006 ***150.00

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1. Entity Name

JERRY GRICE WELDING, INC.



Principal Place of Business

57 SUMMERWIND CIRCLE S
CRAWFORDVILLE FL 32327
US

Mailing Address

P O BOX 5914
TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1517194

Applied For

Not Applicable

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

GRICE, TYCELIA D
57 SUMMERWIND CIRCLE S
CRAWFORDVILLE FL 32327

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

After May 1, 2005 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

TITLE D ☐ Delete
NAME GRICE, TYCELIA D
STREET ADDRESS 57 SUMMERWIND CIRCLE S
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE PD ☒ Delete
NAME GRICE, JERRY LOUIS
STREET ADDRESS 57 SUMMERWIND CIRCLE S
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ST ☐ Delete
NAME GRICE, TYCELIA D
STREET ADDRESS 57 SUMMERWIND CIRCLE S
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE V ☐ Delete
NAME GRICE, LOUIS KEITH
STREET ADDRESS 57 SUMMERWIND CIRCLE S
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE V ☐ Delete
NAME ASBELL, TONYA L
STREET ADDRESS 57 SUMMERWIND CIRCLE S
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President* ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Tyelia D. Grice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

Date

850-878-1977

Daytime Phone #