2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 458955

1. Entity Name
MANDALAY WELDING, INC.

Principal Place of Business
10220 NEW KINGS RD
JACKSONVILLE, FL 32219

Mailing Address
10220 NEW KINGS RD
JACKSONVILLE, FL 32219

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1551205
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YAKE, CURTIS D
10220 NEW KINGS RD
JACKSONVILLE, FL 32219

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YAKE, LEILA MARIE
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	P
NAME	YAKE, DAVID A
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	V
NAME	YAKE, DAVID D
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	T
NAME	YAKE, CURTIS O
STREET ADDRESS	10220 NEW KINGS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	S
NAME	CARTER, ABIGAIL M
STREET ADDRESS	5560 SWALLOW FORK DR
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Abigail Carter 1/7/08 904-768-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #