2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 481414

1. *Entity Name*
BRAY WELDING, INC.

Principal Place of Business	Mailing Address
1120 N. MAGNOLIA AVE. OCALA, FL 34475 US	1120 N. MAGNOLIA AVE. OCALA, FL 34475 US

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1628982
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRAY, W. STEVE
1265 SE FT KING
OCALA, FL 34471

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 M. Bray 4/29/05
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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRAY, W STEVEN
STREET ADDRESS	1265 SE FT KING
CITY-ST-ZIP	OCALA, FL 34471
TITLE	ST
NAME	BRAY, KAREN
STREET ADDRESS	1265 SE FT KING
CITY-ST-ZIP	OCALA, FL 34471
TITLE	V
NAME	BRAY, WILLIAM R
STREET ADDRESS	2036 SE 8TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	BRAY, MICHAEL W
STREET ADDRESS	2036 SE 8TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000354868
05/03/05-80124-019 150.00

DO NOT WRITE IN THIS SPACE

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: M. Bray Mike Bray 4/29/05 352-622-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #