


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 510279	
1. Entity Name SHAW'S WELDING, INC.	

Principal Place of Business 1530 SOUTH DIXIE HIGHWAY P.O. BOX 1017 PERRY FL 32347	Mailing Address 1530 SOUTH DIXIE HIGHWAY P.O. BOX 1017 PERRY FL 32347
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-1692222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SHAW, JOHN O. 1530 SOUTH DIXIE HIGHWAY PERRY FL 32347	

7. Name and Address of New Registered Agent	
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 _____ DATE _____

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PCEO	SHAW, JOHN O
STREET ADDRESS	312 E BARK ST
CITY-ST-ZIP	PERRY FL 32348
<input type="checkbox"/> Delete	
TITLE	NAME
V	SHAW, MARTIN W
STREET ADDRESS	1530 SOUTH DIXIE HWY
CITY-ST-ZIP	PERRY FL
<input type="checkbox"/> Delete	
TITLE	NAME
V	SHAW, JOHN E
STREET ADDRESS	306 E. PARK ST
CITY-ST-ZIP	PERRY FL
<input type="checkbox"/> Delete	
TITLE	NAME
ST	SHAW, IRENE S
STREET ADDRESS	204 E PARK ST.
CITY-ST-ZIP	PERRY FL 32348
<input type="checkbox"/> Delete	
TITLE	NAME
VPST	SHAW, GILBERT D
STREET ADDRESS	204 E PARK ST
CITY-ST-ZIP	PERRY FL 32348
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Irene Shaw* *2/13/08* *850-584-7197*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR