

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 527134

1. Entity Name
SUNCOAST WELDING SUPPLIES, INC.



Principal Place of Business
**408 SOUTH 33RD ST.
FT. PIERCE, FL 34947**

Mailing Address
**408 SOUTH 33RD ST.
FT. PIERCE, FL 34947**



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1725245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM JR.
408 SOUTH 33RD ST.
FT. PIERCE, FL 34947**

**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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, WILLIAM JR.
STREET ADDRESS	408 SOUTH 33RD ST.
CITY - ST - ZIP	FT. PIERCE, FL
TITLE	V
NAME	JOHNSON, JAMES W.
STREET ADDRESS	408 S. 33RD ST.
CITY - ST - ZIP	FT. PIERCE, FL
TITLE	ST
NAME	JOHNSON, FAYE
STREET ADDRESS	408 S. 33RD ST.
CITY - ST - ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000654985
03/13/07-80087-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-07 772-461-3555