## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # 531039 1. Entity Name COTTRELL WELDING AND FABRICATING, INC.

US

FILED
Jan 25, 2008 08:00 AM
Secretary of State

Principal Place of Business

101801 OVERSEAS HWY KEY LARGO, FL 33037 US Mailing Address

101801 OVERSEAS HWY KEY LARGO, FL 33037



01182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1750853

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COTTRELL, GORDON 101801 OVERSEAS HWY. KEY LARGO, FL 33037

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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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		<b>\$5.00</b> May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD COTTRELL, GORDON U.S. HWY 1 #102 KEY LARGO, FL				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTTRELL, CHERYL US HWY 1 #102 KEY LARGO, FL				01/28/ŏ8-8ōoo6-O24 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Dete

Daytime Phone #