

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90270 036 \*\*\*150.00

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02182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 533958</b>					
1. Entity Name <b>LEESBURG WELDING &amp; MACHINE CO., INC.</b>					
Principal Place of Business <b>928 E. MAIN ST. LEESBURG, FL 34748</b>			Mailing Address <b>C/O LOUCKS P.O. BOX 15200 DAYTONA BEACH, FL 32115-5200</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1788094</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LOUCKS, WILLIAM E 444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH, FL 32118</b>				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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHEPHERD, C.W. JR.</b>		NAME		
STREET ADDRESS	<b>928 E. MAIN ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SHEPHERD, ELIZABETH R</b>		NAME		
STREET ADDRESS	<b>1221 S PINE LAKE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33612</b>		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WHITE, BEEBE S</b>		NAME		
STREET ADDRESS	<b>353 OAK DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32176</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Beebe A. White</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					