2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 649745

BRANNON, RICKEY

PLANT CITY, FL 33565

3506 N SPEER RD

Name:

Address:

City-St-Zip:

Entity Name: DOVER WELDING & MACHINE, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 651 (HWY 574 GALLAGHER RD. 13438 MLK BLVD DOVER, FL 33527 DOVER, FL 33527 **Current Mailing Address: New Mailing Address:** P.O. BOX 651 (HWY 574 GALLAGHER RD. P.O. BOX 651 DOVER, FL 33527 DOVER, FL 33527 FEI Number: 59-1964739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANNON, PATTY 3506 N SPÉER RD PLANT CITY, FL 33565 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRANNON, PATTY Name: Name: 3506 N SPEER RD Address: Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: MOORE, DAN Name: 119 UNION DR LOT 6 Address: Address: LAKELAND, FL 33805 City-St-Zip: City-St-Zip: Title: Title: SEC () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PATTY BRANNON PRES 04/29/2009