


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90053 045 ***150.00

DOCUMENT # F04000003295	
1. Entity Name GOTHIC WELDING, INC.	

Principal Place of Business 85 CENTRE STREET, APT. 1 CONCORD NH 03301	Mailing Address 2001 S.E. SAILFISH POINT BLVD., UNIT STUART FL 34996
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2. Principal Place of Business 170 ELM STREET	3. Mailing Address 1296 NE OCEANVIEW Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Goffstown, NH	City & State Jensen Beach, FL
Zip 03045	Zip 34957
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 02-0520627	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 SCHERMER, STEVEN J BREIER AND SEIF, P.A. 2800 PONCE DE LEON BLVD., STE. 33134 CORAL GABELS FL 33134	
7. Name and Address of New Registered Agent Name MARC DINNERSTEIN Street Address (P.O. Box Number is Not Acceptable) 1296 NE OCEANVIEW Circle City Jensen Beach FL Zip Code 34957	

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  **Marc Dinnerstein** DATE **2/1/05**
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, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS DINNERSTEIN, MARC J 2001 S.E. SALIFISH POINT BLVD, UNIT 218 STUART FL 34996 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Marc Dinnerstein** DATE **2/1/05** 772-334-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #