

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/26/2007 90208-031 \$150.00-\$150.00


FILED

07 MAY 18 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06) 07

DOCUMENT # F06800							
1. Entity Name WALT'S WELDING AND REPAIR, INC.							
Principal Place of Business 416 E. BAY ST. WINTER GARDEN FL 34787		Mailing Address 416 E. BAY ST. WINTER GARDEN FL 34787					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2042365 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MORGAN, WALTER J 416 E. BAY ST. WINTER GARDEN FL 32787			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 <i>Walter J. Morgan</i>		<i>Walter J. Morgan</i>		5/14/07			
Signature, typed or printed name of registered agent and title (if applicable).		(NOTE: Registered Agent signature required when resigning)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MORGAN, WALTER J 416 E. BAY ST. WINTER GARDEN FL	<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 exemptions contained in Section 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 empowers.							
SIGNATURE: <i>Walter J. Morgan</i>		<i>Walter J. Morgan</i>		5/14/07			
Signature and typed or printed name of signing officer or director				Date			