


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

04-18-2008 90026 015 ***150.00

DOCUMENT # F06800
 1. Entity Name
WALT'S WELDING AND REPAIR, INC.



Principal Place of Business Mailing Address
 416 E. BAY ST. 416 E. BAY ST.
 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787

New Address & Location
 2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1061 T. Denville School Rd P.O. Box 783457
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Winter Garden Fl. Winter Garden Fl.
 Zip Country Zip Country
 34787 USA 34778-3457 USA

1st MOORE CR2E034 (10/07)

4. FEI Number 59-2042365 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORGAN, WALTER J
 416 E. BAY ST.
 WINTER GARDEN FL 32787

7. Name and Address of New Registered Agent
 Name: *Walter J. Morgan*
 Street Address (P.O. Box Number is Not Acceptable): *1061 T. Denville School Rd*
 City: *Winter Garden* FL Zip Code: *34787*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or com. in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: *4/13/08*

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

NOTE: Registered Agent's signature required when completing.

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MORGAN, WALTER J	416 E. BAY ST.	WINTER GARDEN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 employees.

SIGNATURE: *[Signature]* DATE: *3/19/08*