## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F44080

Entity Name: DIVERSIFIED MACHINE AND WELDING INC

FILED Jan 20, 2009 Secretary of State

	e. Bivero		10, 1110.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	DUCTION DRI <sup>N</sup> , FL 33870	∕E			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
Y900 PRODUCTION DRIVE SEBRING, FL 33870				900 PRODUCTION DRIVE SEBRING, FL 33870	
FEI Number	: 59-2120893	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
SWAINE, ROBERT S 425 S COMMERCE AVEV SEBRING, FL 33870 US			SWAINE, ROBER 425 S COMMERCI SEBRING, FL 338	E AVE	
	e named entity e of Florida.	submits this statement for the	purpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE:				01/20/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( PEPPER, LAR 2627 IMPERIA SEBRING, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( NEEL, GARY 3912 ANN AVE SEBRING, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( PEPPER, SAR 900 PRODUCT SEBRING, FL	TION DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S (	) Delete	Title:	( ) 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: LARRY PEPPER PD 01/20/2009

PEPPER, LARY JOHN JR

900 PRODUCTION DR

SEBRING, FL 33870

Name:

Address:

City-St-Zip: