2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44204

FILED Jan 27, 2009 Secretary of State

Entity Name: INDUSTRIAL WELDING & MAINTENANCE, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	BB ROAD VILLE, FL 3460	03 US		
Current N	/lailing Addres	s:	New Mailing Addres	s:
P O BOX	BB ROAD 10358 VILLE, FL 3460	03 US		
FEI Number	r: 59-2120124	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ONOM D	ODEDT DDIJO	F		
112 NOR ⁻ BROOKS' The above	OBERT BRUC TH ORANGE A VILLE, FL 3460 e named entity se of Florida.	VENUE 01 US	purpose of changing its registere	ed office or registered agent, or both,
112 NOR ⁻ BROOKS' The above	TH ORANGE A VILLE, FL 3460 e named entity s e of Florida. RE:	VENUE 01 US submits this statement for the		ed office or registered agent, or both,
112 NOR ⁻ BROOKS' The above in the Stat	TH ORANGE A VILLE, FL 3460 e named entity s e of Florida. RE:	VENUE 01 US		od office or registered agent, or both, Date
112 NORTHER ADDITION THE ABOVE IN THE STATE STATE SIGNATU	TH ORANGE A VILLE, FL 3460 e named entity se of Florida. RE: Electror	VENUE 01 US submits this statement for the		
112 NORTHE ABOVE The above in the State SIGNATU Election Ca	TH ORANGE A VILLE, FL 3460 e named entity se of Florida. RE: Electror	VENUE 01 US submits this statement for the nic Signature of Registered Age or Trust Fund Contribution ().	gent	
112 NORTHE ABOVE The above in the State SIGNATU Election Ca	TH ORANGE A VILLE, FL 3460 e named entity s e of Florida. RE: Electror mpaign Financing S AND DIREC	VENUE 01 US submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution (). TORS: Delete A MO ST	gent	Date

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.

SIGNATURE: VERA CANNON STD 01/27/2009