2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F64729

FILED Oct 04, 2007 Secretary of State

Entity Name: QUICKSILVER WELDING SERVICE, INC.

ırrent P	rincipal Place	of Business:	New Principa	l Place of Business:
	STRIAL COURT RT, FL 32439			
rrent Mailing Address:		New Mailing Address:		
	STRIAL COURT RT, FL 32439			
Number	: 59-2162389	FEI Number Applied For ()	FEI Number Not Applicat	ole () Certificate of Status Desired ()
me and	l Address of Cu	ırrent Registered Agent:	Name and Ac	Idress of New Registered Agent:
CRISSI NTA RO	N, DARLENE M MAN ROAD DSA BEACH, FL	_ 32459 US	surpose of changing its r	ogistored office or registered agent, or both
	e of Florida.	ubmits this statement for the p	ourpose of changing its r	egistered office or registered agent, or both,
	Electroni	c Signature of Registered Age		Date CHANGES TO DESICERS AND DIRECTOR
FICER	Electronions			Date CHANGES TO OFFICERS AND DIRECTOR () Change () Addition
FFICERS e: me: dress: y-St-Zip:	Electronions	ORS: Delete LIAM A JR OAD	ADDITIONS/0	CHANGES TO OFFICERS AND DIRECTOR
FICER: i: iress: iress: ires: ires: ires: ires:	Electronic S AND DIRECT P () I CRISSMAN, WIL 65 CRISSMAN R SANTA ROSA BE	CORS: Delete LIAM A JR OAD EACH, FL 32459 Delete RLENE M OAD	ADDITIONS/O Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO
FICERS e: ne: dress;	Electronic S AND DIRECT P () I CRISSMAN, WIL 65 CRISSMAN R SANTA ROSA BE VPST () I CRISSMAN, DAF 65 CRISSMAN R SANTA ROSA BE	CORS: Delete LIAM A JR OAD EACH, FL 32459 Delete RLENE M OAD EACH, FL 32459 Delete D M SLAND DRIVE	ADDITIONS/O Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO () Change () Addition
FICER: ine: ress: -St-Zip: ine: ress: -St-Zip: ine: ress: -st-Zip: ine: ress:	Electronic S AND DIRECT P () I CRISSMAN, WIL 65 CRISSMAN R SANTA ROSA BE VPST () I CRISSMAN, DAF 65 CRISSMAN R SANTA ROSA BE D () I OPITZ, EDWARD 732 PARADISE I DEFUNIAK SPRI	CORS: Delete LIAM A JR OAD EACH, FL 32459 Delete RLENE M OAD EACH, FL 32459 Delete D M SLAND DRIVE NGS, FL 32433 Delete SHUA A R AVENUE	ADDITIONS/O Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	CHANGES TO OFFICERS AND DIRECTOR () Change () Addition () 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.

SIGNATURE: DARLENE M. CRISSMAN VPST 10/04/2007