

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90297 012 ***150.00

DOCUMENT # F93000001745

1. Entity Name

WELDON PARTS, INC.



Principal Place of Business

2515 SHADER RD
STE 7
ORLANDO FL 32804
US

Mailing Address

711 W. CALIFORNIA ST
OKLAHOMA CITY OK 73102

94055433



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-0980791

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEMBREE, JESS E III
2515 SHADER ROAD #7
ORLANDO FL 32804

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete

NAME SETTLES, DAVID
STREET ADDRESS 3301 NW 36TH ST.
CITY-ST-ZIP OKLAHOMA CITY OK

TITLE VCPV ☐ Delete

NAME RIDER, EMILIE
STREET ADDRESS 4716 NW 61ST
CITY-ST-ZIP OKLAHOMA CITY OK

TITLE VP ☐ Delete

NAME SETTLES, DARYLE
STREET ADDRESS 2804 N MCMILLAN
CITY-ST-ZIP BETHANY OK

TITLE S ☐ Delete

NAME SETTLES, ALLADOE
STREET ADDRESS 765 PENN LANE
CITY-ST-ZIP MOORE OK

TITLE T ☐ Delete

NAME SETTLES, LEON F
STREET ADDRESS 705 PENN LANE
CITY-ST-ZIP MOORE OK

TITLE AT ☐ Delete

NAME WHEELER, EDDIE E
STREET ADDRESS 7012 S VILLA
CITY-ST-ZIP OKLAHOMA CITY OK

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

Edwin Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-07 40527204