

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90108 023 \*\*\*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**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**73-0980791**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SETTLES, DAVID 3301 NW 36TH ST. OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDER, EMILIE 7009 GREEN MEADOWS LANE OKLAHOMA CITY, OK 73132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SETTLES, DARYLE 2804 N MCMILLAN BETHANY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDER, DAVID M. 7009 GREEN MEADOW LANE OKLAHOMA CITY, OK 73132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WHEELER, EDDIE E 7012 S VILLA OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Edmie Wheeler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-17-06 405 272 047*

Date

Daytime Phone #

44-06