2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent-

000441

DOCLI	MENT	# F93	000001	1745
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1. Entity Name WELDON PARTS, INC.



Principal Place of Business

2515 SHADER RD

STE 7 ORLANDO, FL 32804 Mailing Address

711 W. CALIFORNIA ST OKLAHOMA CITY, OK 73102 FILED Apr 05, 2007 08:00 A
Secretary of State



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 73-0980791

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

E, JESS E III

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

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Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
SIGNATURE		
the obligations of registered agent.	and the second of the second o	in, in the State of Florida. Fain familial with, and accept

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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE SETTLES, DAVID NAME STREET ADDRESS 3301 NW 36TH ST. CITY - ST - ZIP OKLAHOMA CITY, OK TITLE RIDER, EMILIE NAME 7009 GREEN MEADOWS LANE STREET ADDRESS CITY-ST-ZIP OKLAHOMA CITY, OK 73132 TITLE SETTLES, DARYLE NAME 2804 N MCMILLAN STREET ADDRESS CITY-ST-ZIP BETHANY, OK TITLE RIDER, DAVID M. NAME STREET ADDRESS 7009 GREEN MEADOW LANE CITY-ST-ZIP OKLAHOMA CITY, OK 73132 TITLE NAME WHEELER, EDDIE E STREET ADDRESS **7012 S VILLA** CITY-ST-ZIP OKLAHOMA CITY, OK TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000691817 04/13/07-80026-001 158.75

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12. I hereby certify that the information supplied with this filling 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 occurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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 black like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

405-272-0417