2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # G17352 1. Entity Name					Jan 31, 2006 08:00 AM Secretary of State
TAVERNI	ER WELDING, INC.				
Principal Place of Business US HWY 1, MM 917 P.O. BOX 554 TAVERNIER FL 33070		Mailing Address US HWY 1, MM 917 P.O. BOX 554 TAVERNIER FL 33070	;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;		
2. Principal Place of Business		3. Mailing Address	t I		The state of the s
Suite, Apt. #, etc.		Suite, Apt. #, etc.). L I		1st MOORE CR2E034 (10/05)
City & Stat	e	City & State	:		4. FEI Number 59-2241337 Applied For Not Applied.
Zip	Country	Zıp	Country		5. Certificate of Status Desired \$8.75 Additiona) Fee Required
6. Name and Address of Current Registered Agent				!	7. Name and Address of New Registered Agent
141 P.O.	NS, JOSEPH JOHN, JR. N. AIRPORT RD. BOX 554 ERNIER FL 33070	·	Street	Address ((P.O Box Number is Not Acceptable) FL Zip Code
the obligat	named entity submits this statement for mans of registered agent.	the purpose of changing its i	registered office	or register	ered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent a	nd little & applicable (NOTE	Registered Agent sign	rature required	ed when reinstaling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	State	1		9. Election Campaign Financing \$5.00 May 8: Trust Fund Contribution.
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS City-St-Zip	VPS FRINS, JOSEPH JOHN 96000 OVERSEAS HIGHWAY L-3 KEY LARGO FL 33037	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	U0000410360 02/09/06-80033-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRINS, JOSEPH JOHN JR. US HWY 1 MILE MRKR 91 7 TAVERNIER, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FRINS, JOSEPH JOHN 96000 OVERSEAS HIGHWAY L-3 KEY LARGO FL 33037	Delete	TITLE NAME STREET ADDRESS CATY-ST-ZIP	S	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	s	☐ Change ☐ A ^{x x x}
TITCE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CRY-ST-ZIP	s	☐ Change ☐ A A ST C
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AOORESS CITY-ST-ZIP	s	☐ Change ☐ Addidio
indicated	on this report or supplemental report is	true and accurate and that m	w signature shal	I have the	ned in Section 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

Davismo Phone #