



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G67903		
1. Entity Name FLORIDA WELDING FABRICATORS & ERECTORS INC.		
Principal Place of Business 1891 N.W. 33RD COURT POMPANO BEACH, FL 33064		Mailing Address 1891 N.W. 33RD COURT POMPANO BEACH, FL 33064
DO NOT WRITE IN THIS SPACE		
		 02242006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2361333		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NOLAN, BONNIE 1891 N.W. 33RD COURT POMPANO BEACH, FL 33064		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	NOLAN, BONNIE B	
STREET ADDRESS	1891 NW 33RD COURT	
CITY- ST- ZIP	POMPANO BEACH, FL 33064	
TITLE	STD	
NAME	NOLAN, WILLIAM P	
STREET ADDRESS	1891 NW 33RD COURT	
CITY- ST- ZIP	POMPANO BEACH, FL 33064	
TITLE	D	
NAME	NOLAN, JOHN F	
STREET ADDRESS	1891 NW 33RD COURT	
CITY- ST- ZIP	POMPANO BEACH, FL 33064	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: <i>Bonnie Nolan</i> Bonnie Nolan		Date: 2/24/06 Daytime Phone #: 9549714800