


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H06278</b> 1. Entity Name <b>BRITT'S WELDING, INC.</b>					
Principal Place of Business — <b>238 SOUTH DIXIE HIGHWAY EAST POMPAN0 BEACH FL 33060</b>				Mailing Address <b>238 SOUTH DIXIE HIGHWAY EAST POMPAN0 BEACH FL 33060</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —			
City & State —		City & State —			
Zip	Country	Zip	Country	4. FEI Number <b>59-2419432</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRITTON, CHARLES 22281 SANDS POINT DR. BOCA RATON FL 33433</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 re-instating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITTON, CHARLES	NAME			
STREET ADDRESS	22281 SANDS POINT DR.	STREET ADDRESS	<b>U000000233558</b> <b>02/17/05-80048-007 150.00</b>		
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITTON, ELIZABETH J.	NAME			
STREET ADDRESS	777 S FED HWY APT RP 817	STREET ADDRESS			
CITY-ST-ZIP	POMPAN0 BCH FL 33062	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITTON, CHARLES	NAME			
STREET ADDRESS	22281 SANDS POINT DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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>Elizabeth J. Britton Pres.</i> <span style="float: right;">2/14/05 (954) 781-2690</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



1st MOORE CR2E034 (10/04)