


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H85467**  
 1. Entity Name  
**WELD-ALL, INC.**



Principal Place of Business: **560 WADE STREET WINTER SPRINGS FL 32708 US**  
 Mailing Address: **2570 NAKNAK RUN OVIEDO FL 32765 US**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number: **59-2611511** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **CRAMER, CHARLES W 1407 E. ROBINSON ST. ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution.  Added to Fees

| 10. OFFICERS AND DIRECTORS |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | P <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | PEARSON, GORDON                     | NAME  |  |
| STREET ADDRESS             | 2570 NAK NAK RUN                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                | OVIEDO FL                           | CITY-ST-ZIP   | 02/07/06-80085-006 150.00                                    |
| TITLE                      | DST <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                       | PEARSON, LORA                       | NAME  |  |
| STREET ADDRESS             | 2570 NAK NAK RUN                    | STREET ADDRESS  |  |
| CITY-ST-ZIP                | OVIEDO FL                           | CITY-ST-ZIP   |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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"/> Add |
| 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"/> Add |
| 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"/> Add |
| 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 exemptions contained in Section 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:** *Lora Jean Pearson* **Lora J Pearson** 1/23/06 (407)327-925.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #