


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H88700</b>	
1. Entity Name <b>ALL PRO WELDING, INC.</b>	

Principal Place of Business <b>% NICKEY L. SHAW 2810 HURST RD. AUBURNDALE, FL 33823</b>	Mailing Address <b>% NICKEY L. SHAW 2810 HURST RD. AUBURNDALE, FL 33823</b>
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DO NOT WRITE IN THIS SPACE



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2616662</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SHAW, NICKEY L. 2810 HURST RD. AUBURNDALE, FL 33823</b>	

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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	DATE
<small>Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>03/17/04-80033-014 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT SHAW, NICKEY L. 2810 HURST RD AUBURNDALE, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS SHAW, K. LYNNE 2810 HURST RD AUBURNDALE, FL</b>
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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>Nickey L. Shaw</i>	Date: <b>3/15/04</b>	Daytime Phone #: <b>863-967-3208</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		