

# ANNUAL REPORT (AR)

DOCUMENT # H92533

1. Entity Name

WELD RITE HITCH CO., INC.



**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
% WILLIAM C. OWEN  
3218 WEST HILLSBOROUGH AVE.  
TAMPA FL 33614      % WILLIAM C. OWEN  
3218 WEST HILLSBOROUGH AVE.  
TAMPA FL 33614

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

4. FEI Number      59-2618354      Applied For  
Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

OWEN, WILLIAM C.  
3218 WEST HILLSBOROUGH AVE.  
TAMPA FL 33614

## 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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE      PD      ☐ Delete  
NAME      OWEN, WILLIAM C.  
STREET ADDRESS      3218 W HILLSBOROUGH AVE  
CITY-ST-ZIP      TAMPA FL

TITLE      STD      ☐ Delete  
NAME      OWEN, JOHN E.  
STREET ADDRESS      3218 W HILLSBOROUGH AVE  
CITY-ST-ZIP      TAMPA FL

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      ☐ Change      ☐ Addition  
NAME      000000228076  
STREET ADDRESS      02/14/05-80027-004 150.00  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
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)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. OWEN

2/14/05 (800) 877-4770