2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State
05-08-2008 90018 039 ***150.00

DOCUMENT # H92533

1. Entity Name
WELD RITE HITCH CO., INC.

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

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	7. Name and Address of New Registered Agent
OWEN, WILLIAM C. 3218 WEST HILLSBOROUGH AVE. TAMPA FL 33614	Name OWEN, JOHN E. Street Address (P.O. Box Number is Not Acceptable) 3218 W. Hills borough City TAMPA FL Zip Code 33614

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 John E. Owen 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, WILLIAM C. 3218 W HILLSBOROUGH AVE TAMPA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President OWEN, JOHN E. 3218 W. Hills borough AV TAMPA, FL. 33614	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OWEN, JOHN E. 3218 W HILLSBOROUGH AVE TAMPA FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./TREAS. OWEN, Kathy L. 3218 W. Hillsborough AV. TAMPA, FL. 33614	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: John E. Owen 4/21/08 813 877-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #