## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 02, 2008 08:00 Al

| DOCUMENT # K09491  |   |   | Secretary of Sta           |   |                                       |  |  |
|--|---|---|----------------------------|---|---------------------------------------|--|--|
| 1. Entity Name GILMORE'S PORTABLE WELDING SERVICE, INC.  |   |   |                            | Pa Pa   | -                                     |  |  |
| Principal Plac   |   | Mailing Address                                     | *                          |   |                                       | •  |  |
| 10761 SCHW<br>Ft. Pierce, I  |   | 10761 SCHWAB ROAD<br>FT. Pierce, FL 34945 US        | **                         |   |                                       | •  |  |
|  |   | dod   |                            |   |                                       |  |  |
|  |   |   | Mary Control               |   |                                       |  | 1  |
|  | O NOT WRITE   | NI TUIC CDA   | CE.                        | 03032008  | No Chg-P                              | CR2E034 (1                                 | 1/05)  |
| ' q  |   |   |                            | 4. FEI Numbe<br>65-0022   |                                       |  | Applied For<br>Not Applicable  |
| in a second  |   |   |                            | 5. Certificate  | of Status Desired                     |  | 75 Additional<br>Required  |
|  | 6. Name and Address of Current Reg                          |   | a starting                 | NATURE OF THE PROPERTY OF THE |                                       |  | * *  |
| GILMORE, DALÉ E<br>10761 SCHWAB ROAD<br>FORT PIERCE, FL 34945  |   |   |                            | DO  | NOT W                                 | RITE                                       |  |
|  |   |   |                            | in T  | HIS SP                                | ACE  | and the state  |
|  |   |   |                            |   |                                       |  |  |
|  | named entity submits this statement for the                 | purpose of changing its register                    | ed office or register      | red agent, or both  | n, in the State of Flo                | ida. I am familia                          | ar with, and accept  |
| •  | ions of registered agent.                                   |   |                            | •   |                                       |  |  |
| SIGNATURE  | Signature, typed or printed name of registered agent and in | le il applicable (NOTE: Registere                   | d Agent signature required | d when reinstating)   |                                       | DATE                                       |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00 | Election Campaign Finar<br>Trust Fund Contribution. |                            | .00 May Be<br>led to Fees   |                                       |  |  |
| 10.<br>TITLE   | OFFICERS AND DIR  | ECTORS  |                            | <b>5</b>  | 8                                     | o po pa                                    | Special States   |
| NAME   | GILMORE, DALE E   |   |                            |   | 04/14/08<br>04/14/08                  | 0877864<br>-80032-0:                       | 36, 150.00 L   |
| STREET ADORESS<br>CITY-S1-ZIP  | 10761 SCHWAB ROAD<br>FT. PIERCE, FL 34945                   |   |                            |   | es, literatura<br>Service             |  |  |
| TITLE<br>NAME  | DS<br>GILMORE, CARMEN F                                     |   |                            |   |                                       |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| STREET ADDRESS   | 10761 SCHWAB ROAD<br>FT. PIERCE, FL 34945                   |   |                            | હો છે કો  | 1,                                    |  | The second of th |
| TITLE  | F1.FIEROE, FE 34943   |   | and the second             | er selvenske  | ng t                                  | ing to say, edigates<br>Notes of the State |  |
| NAME<br>STREET ADDRESS   |   |   |                            |   | NOT W                                 |  | Sally Francis  |
| CITY-ST-ZIP  |   |   |                            | 5 î   | NOT W                                 | *    |  |
| NAME   |   |   |                            |   | THIS SP                               | ACE  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                            | top got a   | Lity, March                           |  |  |
| TITLE  |   |   |                            |   | · · · · · · · · · · · · · · · · · · · | englishing have a                          |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   |                            | ing<br>Tangkan  | era er jar                            |  |  |
| TITLE  |   |   |                            |   | 1                                     |  |  |
| NAME<br>STREET ADDRESS   |   |   |                            |   | in to the state<br>Anna in the state  | en 1 a s a . Vi                            |  |
| CITY-ST-ZIP  |   | 9 / ///   | 1                          | بلو و الماري بايد   | <u> </u>                              | # 10 g 12 g  | Charles Line   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that pry 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 furcised enjoyed of the supplemental 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 amnowated. |   |   |                            |   |                                       |  |  |
| SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF ANSTHING OFFICER OR DIRECTOR  Date Daylame Phone &  |   |   |                            |   |                                       |  |  |