2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K88745

Entity Name: FLORIDA LINING & WELDING, INC.

FILED Nov 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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503 BRADSHAW IND. PARKWAY BARTOW, FL 33830 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1061

MULBERRY, FL 33860 US

FEI Number: 59-2957693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYO, LAYNE E MAYO, LAYNE E PSTA

503 BRADSHAW INDUSTRIAL PARKWAY 503 BRADSHAW INDUSTRIAL PARKWAY

MULBERRY, FL 33860 US MULBERRY, FL 33860 US

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.

SIGNATURE: LAYNE E MAYO 11/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PST (X) Change () Addition

Name: MAYO, JOE M PRES Name: MAYO, LAYNE E PST

Address: 503 BRADSHAW INDUSTRIAL PARKWAY Address: 503 BRADSHAW IND. PARKWAY

City-St-Zip: BARTOW, FL 33830 City-St-Zip: BARTOW, FL 33860

 $\label{eq:Title:Title:S/T} \text{Title:} \qquad \qquad \text{Title:} \qquad \qquad \text{() Change () Addition}$

 Name:
 MAYO, LAYNE E SEC/TRE
 Name:

 Address:
 503 BRADSHAW INDUSTRIAL PKWY
 Address:

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition Name: MAYO, JASON DIRECTO Name:

Address: 503 BRADSHAW INDUSTRIAL PKWY Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 MAYO, JOHN C DIRECTO
 Name:

 Address:
 503 BRADSHAW INDUSTRIAL PKWY
 Address:

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAYNE E MAYO PSTA 11/13/2006