


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90112 022 \*\*\*\*50.00

<b>DOCUMENT # L04000024654</b>			
1. Entity Name <b>SNYDER'S MOBILE WELDING COMPANY, L.L.C.</b>			
Principal Place of Business <b>3492 60TH STREET NORTH ST. PETERSBURG, FL 33710</b>		Mailing Address <b>3492 60TH STREET NORTH ST. PETERSBURG, FL 33710</b>	
2. Principal Place of Business <b>783 46 ST S</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>GULFPORT, FL</b>		City & State	
Zip <b>33711</b>	Country	Zip	Country
4. FEI Number <b>20-2453326</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SNYDER, JAMES W 3492 60TH STREET NORTH ST. PETERSBURG, FL 33710</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM- SNYDER, JAMES W 3492 60TH STREET NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TRAVIS L. LACE</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>x James W. Snyder</i>		Date: <i>1/29/05</i> 727-418-2340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

# ATTACHMENT

# L04000024654

3 0001306

Form **SS-4**

## Application for Employer Identification Number

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN **20-2453326**

OMB No. 1545-0003

<b>Type or print clearly.</b>	1 Legal name of entity (or individual) for whom the EIN is being requested <b>SNYDERS MOBILE WELDING COMPANY LLC</b>		
	2 Trade name of business (if different from name on line 1) <b>SNYDERS MOBILE WELDING</b>		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>3492 60TH STREET N</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>743 40TH STREET S</b>
	4b City, state, and ZIP code <b>ST PETERSBURG FL 33710</b>		5b City, state, and ZIP code <b>GULFPORT FL 33711</b>
	6 County and state where principal business is located <b>PINELLAS FL</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN, ITIN, or EIN
	8a Type of entity (check only one box) <input checked="" type="checkbox"/> Sole proprietor (SSN) <b>310 56 2192</b> <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> Other (specify) ► <b>DISREGARDED ENTITY</b>		
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ►			
8b If a corporation, name the state or foreign country (if applicable) where incorporated State <b>FL</b> Foreign country			
9 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ►			
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► <b>OPEN BANK ACCOUNT</b> <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Created a pension plan (specify type) ►			
10 Date business started or acquired (month, day, year) <b>09/01/97</b>		11 Closing month of accounting year	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>			
14 Check one box that best describes the principal activity of your business. <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>WELDING/FABRICATION</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► Trade name ►			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			

<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>Ben Humphreys at TAX9ER</b>		Designee's telephone number (include area code) <b>( 888 ) 459 - 8173</b>
	Address and ZIP code <b>1133 Broadway Ste 218 New York NY 10010</b>		Designee's fax number (include area code) <b>( 702 ) 446 - 9471</b>
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <b>( 727 ) 418 - 2340</b>
Name and title (type or print clearly) ► <b>JAMES W SNYDER OWNER</b>		Applicant's fax number (include area code) <b>( 727 ) 343 - 9183</b>	
Signature ► <i>James Snyder</i>		Date ► <b>03/08/05</b>	