

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L05000060980

1. Entity Name

SCOTT WELD & CUSTOM, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 FEB 21 AM 9:47



1st MOORE CR2E083 (10/06)

Principal Place of Business		Mailing Address	
120 7TH JPV STREET WINTER HAVEN FL 33880 US		120 7TH JPV STREET WINTER HAVEN FL 33880 US	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRENIER, DAVID A 120 7TH JPV STREET WINTER HAVEN FL 33880		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR GRENIER, DAVID A 120 7TH JPV STREET WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300118942973 03/11/08--01015--016 **377.50
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-SI-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 exemptions contained in Section 119, 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: *David A. GRENIER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-9-08 8632063735

Date

Daytime Phone #