2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90074 024 ***150.00

DOCUMENT # P00000022953

1. Entity Name
DAYTONA MOBILE WELDING, INC.

Principal Place of Business	Mailing Address
717 S. GRANDVIEW AVE. DAYTONA BCH, FL 32118	717 S. GRANDVIEW AVE. DAYTONA BCH, FL 32118

02092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
405 Loomis Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL 32114	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3632327 ☐ 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
GREEN, JOHN H 717 S. GRANDVIEW AVE. DAYTONA BCH, FL 32118	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]
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, 2005 Fee will be $550.00

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	D	☐ Delete	TITLE	P, VP, S, TREAS	☐ Change ☒ Addition
NAME	GREEN, JOHN H		NAME	GREEN, JOHN H.	
STREET ADDRESS	717 S. GRANDVIEW AVE.		STREET ADDRESS	SAME	
CITY-ST-ZIP	DAYTONA BCH, FL 32118		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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: X [signature] 2/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #