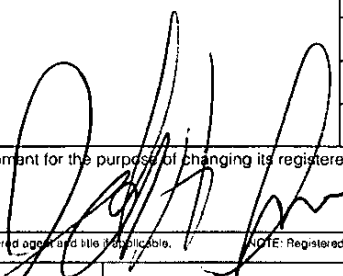
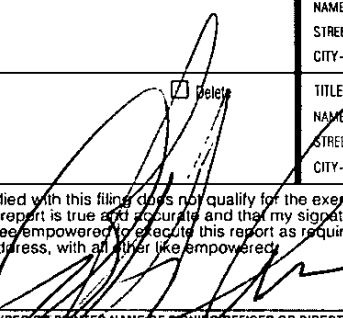


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 717 S. GRANDVIEW AVE. DAYTONA BCH, FL 32118			Mailing Address 717 S. GRANDVIEW AVE. DAYTONA BCH, FL 32118		
2. Principal Place of Business 405 Loomis Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAYTONA BEACH, FL 32114		City & State		4. FEI Number 59-3632327	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, JOHN H 717 S. GRANDVIEW AVE. DAYTONA BCH, FL 32118			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: 					
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)					
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 NAME GREEN, JOHN H STREET ADDRESS 717 S. GRANDVIEW AVE. CITY - ST - ZIP DAYTONA BCH, FL 32118	☐ Delete		TITLE PRESIDENT, TREAS NAME GREEN, JOHN H. STREET ADDRESS SAME CITY - ST - ZIP 	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					
Date: 2/10/05					
Daytime Phone #					