2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000046627

1. Entity Name
MARK'S MOBILE WELDING & FABRICATION, INC.

Principal Place of Business	Mailing Address
5405 TINDALE RD PLANT CITY, FL 33565	5405 TINDALE RD PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

03072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3647049	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAYNIE, MARK A
5405 TINDALE RD
PLANT CITY, FL 33565

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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)

U00000919236
05/13/08-801 P45-014 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAYNIE, MARK A
STREET ADDRESS	5405 TINDALE RD
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Mark A Haynie_   4-21-08   913.782.9019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #