


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90233 036 \*\*\*150.00

<b>DOCUMENT # P01000017860</b> 1. Entity Name GREG'S PORTABLE WELDING, INC.	
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Principal Place of Business 927 VIRGINIA AVE UNIT D PALM HARBOR, FL 34683	Mailing Address 12432 LACEY DR NEW PORT RICHEY, FL 34654
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**DO NOT WRITE IN THIS SPACE**

**14008465**



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3697831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DIAZ, GREGORY 12432 LACEY DR NEW PORT RICHEY, FL 34654
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**DO NOT WRITE  
IN THIS SPACE**

B. 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  CEO.	DATE 4-24-05
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, GREGORY 12432 LACEY DR NEW PORT RICHEY, FL 34654
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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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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