

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 21, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P01000053480</b> 1. Entity Name INDEPENDENT WELDER REPAIR, INC.	
---	---

Principal Place of Business 490 EDGEWOOD AVE S JACKSONVILLE, FL 32254	Mailing Address 1041 PARKRIDGE CIR., EAST JACKSONVILLE, FL 32211
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3719073	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  CARTER, S SHERON 1041 PARKRIDGE CIR EAST JACKSONVILLE, FL 32211
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, D. SHERON 1041 PARKRIDGE CIR E JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CARTER, EVELYN H 1041 PARKRIDGE CIRCLE E JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, SCOTT A 3375 HICKORY HAMMOCK RD JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, KENT L 203 BRIARWOOD LANE CANTON, GA 30114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, STEVEN 8274 SHADE TREE CT JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000320668  
04/21/05-80047-002 158.75

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>D. Sheron Carter</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>D. SHERON CARTER</u> PRESIDENT Date <u>4/19/05</u> Daytime Phone # <u>904-381-8827</u>