

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000053480

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**



03162006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719073	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARTER, S SHERON
1041 PARKRIDGE CIR EAST
JACKSONVILLE, FL 32211**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

U000000493564
04/20/06-80008-021 158.75

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	

**DO NOT WRITE
IN THIS SPACE**

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: D. Sheron Carter **D. SHERON CARTER** 4/03/06 904-725-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date: _____ (Type Phone #)