2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P01000053480

Entity Name: INDEPENDENT WELDER REPAIR, INC.

Current Principal Place of Business:

490 EDGEWOOD AVE S
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

1041 PARKRIDGE CIR., EAST
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3719073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, D. SHERON
1041 PARKRIDGE CIR EAST
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CARTER, D. SHERON	
Address:	1041 PARKRIDGE CIR E	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	S/T	( ) Delete
Name:	CARTER, EVELYN H	
Address:	1041 PARKRIDGE CIRCLE E	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	VP	( ) Delete
Name:	CARTER, SCOTT A	
Address:	3375 HICKORY HAMMOCK RD	
City-St-Zip:	JACKSONVILLE, FL 32226	
Title:	VP	( ) Delete
Name:	CARTER, KENT L	
Address:	1388 EAGLE CROSSING DR.	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	VP	( ) Delete
Name:	CARTER, STEVEN	
Address:	1436 CRESTED HERON CT.	
City-St-Zip:	ST AUGUSTINE, FL 32092	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN H. CARTER S/T 03/05/2009

Electronic Signature of Signing Officer or Director — Date