


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000054435**  
 1. Entity Name  
 I.R. WELDER, INC.



Principal Place of Business      Mailing Address  
 25149 BLUE SINK RD      25149 BLUE SINK RD.  
 HOWEY IN THE HILLS, FL 34737 US      HOWEY-IN-THE-HILLS, FL 34737

**DO NOT WRITE IN THIS SPACE**



04152008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3723777      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ADAMS, EDMUND J  
 25149 BLUE SINK RD.  
 HOWEY-IN-THE-HILLS, FL 34737

**DO NOT WRITE IN THIS SPACE**

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)      DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, EDMUND J
STREET ADDRESS	25149 BLUE SINK RD.
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34737
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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 05/01/08-80014-011 150.00

**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: Edmund J. Adams      **EDMUND J. ADAMS**      4/15/08      402-266-5474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #