

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112775

FILED
Feb 25, 2004
Secretary of State

Entity Name: LAWHORN WELDING SERVICES, INC.

Current Principal Place of Business:

114 SHADOW DR
SAN MATEO, FL 32187

New Principal Place of Business:

Current Mailing Address:

P O BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

P O BOX 1372
SAN MATEO, FL 32187

FEI Number: 59-3758826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWHORN, KERMIT
114 SHADOW DR
SAN MATEO, FL 32187

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: PVST () Delete
Name: LAWHORN, KERMIT
Address: 114 SHADOW DR
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: LAWHORN, KERMIT W
Address: 114 SHADOW DR
City-St-Zip: SAN MATEO, FL 32187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KERMIT LAWHORN

PRES

02/25/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date