2007 FOR PROFIT CORPORATION ~ ANNUAL REPORT (AR)

FILED Feb 23, 2007 08:00 AM DOCUMENT # P02000016332 **Secretary of State** AMERICAN WELDING & FABRICATION, INC. Principal Place of Business Mailing Address 11837 NORTH STATE ROAD 121 MACCLENNY FL 32063 11837 NORTH STATE ROAD 121 MACCLENNY FL 32063 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State Cily & State 4. FEI Number Applied For 01-0638106 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGES, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 11837 NORTH STATE ROAD 121 MACCLENNY FL 32063 City Zip Code 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 r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THEF Delete TITLE ☐ Change Addition NAME HODGES, THOMAS A NAME U00000645988 11837 NORTH STATE ROAD 121 STREET ADDRESS STREET ADDRESS 03/06/07-80012-009 158.75 MACCLENNY FL 32063 CITY-S1-ZIP CITY-ST-ZIP ☐ Delele ШГ Change Addition STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-S1-ZIP TITLE Delete TOLE ☐ Change ☐ Addition NAME NAME STRIET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-7IP THEE ☐ Delete THLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

SIGNATURE: Thomas the Hodge (Thomas Abe Hodge) 2/21/07 904-259-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days Thomas Propa Pr

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.