


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90013 050 ***150.00

DOCUMENT # P02000035240	
1. Entity Name MORT'S WELDING & REPAIR, INC.	

Principal Place of Business 39630 GRAYS AIRPORT ROAD LADY LAKE FL 32159	Mailing Address POST OFFICE BOX 26 LADY LAKE FL 32159
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2. Principal Place of Business 39630 Grays Airport Road Suite, Apt. #, etc.	3. Mailing Address P.O. Box 26 Suite, Apt. #, etc.
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City & State Lady Lake, FL	City & State Lady Lake, FL
Zip 32159	Country Lake
Zip 32158	Country Lake



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent NORVELL, MICHAEL C ESQ. 1410 EMERSON STREET LEESBURG FL 34748	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

4. FEI Number 02-0582434	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTON, CLARENCE D		NAME	
STREET ADDRESS 39630 GRAY'S AIRPORT RD.		STREET ADDRESS	
CITY-ST-ZIP LADY LAKE FL 32158		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTON, C JOSHUA		NAME	
STREET ADDRESS 39630 GRAY'S AIRPORT RD.		STREET ADDRESS	
CITY-ST-ZIP LADY LAKE FL 32158		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTON, MARY A		NAME	
STREET ADDRESS 39630 GRAY'S AIRPORT RD.		STREET ADDRESS	
CITY-ST-ZIP LADY LAKE FL 32158		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mary A. Morton Mary A Morton 2/28/04 352-753-2584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #