## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000093456

**6868 NE 1 STREET** 

OKEECHOBEE, FL 34974 US

Address:

City-St-Zip:

Entity Name: ALLIED WELDING & MAINTENANCE, INC.

FILED Apr 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2912 NW 35 DRIVE OKEECHOBEE, FL 34972 **Current Mailing Address: New Mailing Address:** P.O. BOX 1084 OKEECHOBEE, FL 34973 US FEI Number: 82-0562994 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORWIN, MIKE D 2912 NW 35 DRIVE OKEECHOBEE, FL 34972 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CORWIN, MIKE D Name: Name: 2912 NW 35 DRIVE Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: Title: () Change () Addition () Delete Name: GOGGANS, BILLY P P 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 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: MIKE D. CORWIN D 04/12/2007