

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-08-2004 90094 004 ***150.00
P02000094187

DOCUMENT # P02000094187

1. Entity Name

T.R. CAMPBELL WELDING & FABRICATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 9:22

Principal Place of Business

620 BROWARD AVE.
GREENACRES FL 33436

Mailing Address

%W.J. TREMBLY
1801 S FEDERAL HWY. STE 219
DELRAY BEACH FL 33483-3334

2. Principal Place of Business

4195 VERMONT AVE

Suite, Apt. #, etc.

3. Mailing Address

W. J. TREMBLAY

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

LAKE WORTH, FL.

City & State

4. FEI Number

51-0431999

Applied For

Not Applicable

Zip

33461

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W.J. TREMBLAY, P.A.
1801 S. FEDERAL HWY
STE 219
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTSD ☐ Delete

NAME CAMPBELL, TERRY R

STREET ADDRESS 520 BROWARD AVE

CITY-ST-ZIP GREEN ACRES FL 33436

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4195 VERMONT AVE.
LAKE WORTH, FL. 33461

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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: Terry R. Campbell

TERRY R. CAMPBELL, PRES

04/30/04

Date

(561) 512-6394

Daytime Phone #

7/13/04