

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90002 040 \*\*\*150.00

**DOCUMENT # P03000054968**

1. Entity Name

**ADVANCED WELDING SPECIALISTS, INC.**



Principal Place of Business

22328 STRAWFLOWER DRIVE  
ASTATULA FL 34705  
US

Not →  
mailing

Mailing Address

22328 STRAWFLOWER DRIVE  
ASTATULA FL 34705  
US

change

2. Principal Place of Business

3. Mailing Address

P.O. BOX 770833

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Garden, FL

4. FEE Number

56-2366868

Applied For

Not Applicable

Zip

Country

Zip

Country

34777-0833

USA

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

**MORGAN, TIMOTHY C**  
**22328 STRAWFLOWER DR.**  
**ASTATULA FL 34705**

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 \$550.00**  
**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CEO  
MORGAN, TIMOTHY C  
22328 STRAWFLOWER DR.  
ASTATULA FL 34705

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy C. Morgan

Date

Daytime Phone #

9/16/04

407-948-5377