

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075308

FILED
Apr 10, 2008
Secretary of State

Entity Name: ED WILLIAMS MOBILE WELDING, INC.

Current Principal Place of Business:

802 MAGNOLIA AVENUE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

802 MAGNOLIA AVENUE
LEHIGH ACRES, FL 33972

Current Mailing Address:

802 MAGNOLIA AVENUE
LEHIGH ACRES, FL 33936

New Mailing Address:

802 MAGNOLIA AVENUE
LEHIGH ACRES, FL 33972

FEI Number: 51-0474418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD
802 MAGNOLIA AVENUE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

WILLIAMS, EDWARD
802 MAGNOLIA AVENUE
LEHIGH ACRES, FL 33972 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: EDWARD WILLIAMS

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, EDWARD
Address: 802 MAGNOLIA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, EDWARD
Address: 802 MAGNOLIA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD WILLIAMS

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date