
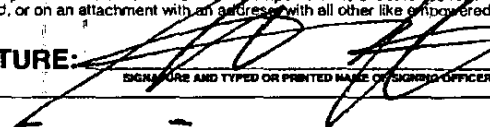


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

07-19-2004 90017 011 ***150.00
08-20-2004 90003 017 ***400.00

DOCUMENT # P03000086445					
1. Entity Name BEST WELDING & FABRICATION INC.					
Principal Place of Business 24925 STATE RD 46 SORRENTO, FL 32776			Mailing Address 24925 STATE RD 46 SORRENTO, FL 32776		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0132497	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AOUN, MAROUN N 24925 STATE RD 46 SUITE B SORRENTO, FL 32776			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P AOUN, MAROUN N 24925 STATE RD 46 SUITE B SORRENTO, FL 32776	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZYKERUK, MARISA A PO BOX 1025 SORRENTO, FL 32776	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____					

54069134



07072004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0132497

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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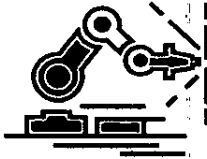
**VP
MICHAEL E. NICHOLSON
24925 State Rd. 46 Suite B
SORRENTO, FL 32776**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Best Welding & Fabrication, Inc.

Attachment
Ac. # P03000086445
54069134

August 12, 2004

Florida Dept. of State
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

Re: P03000086445

Enclosed please find our Annual Report/Uniform Business Report and a check number 1618 in the amount of \$ 400.00 in payment for the incurred late fee.

Thank you for your consideration. If you require any further information or assistance please do not hesitate to contact me.

Sincerely,


Sang M. Lim
Operations Manager
Best Welding & Fabrication, Inc.



Attachment
54069134

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2004

BEST WELDING & FABRICATION INC.
24925 STATE RD 46
SORRENTO, FL 32776

Subject: **BEST WELDING & FABRICATION INC.**

Reference Number: **P03000086445**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.