
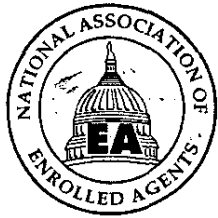


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

07-21-2004 90021 037 ***150.00

DOCUMENT # P03000087312 1. Entity Name J. & L. WELDING OF PALM BEACH CTY., INC.																													
Principal Place of Business 1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483				Mailing Address 1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483																									
2. Principal Place of Business 1021 CRYSTAL LAKE DR.		3. Mailing Address Suite, Apt. #, etc. APT 315																											
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City & State Pompano Beach, FL		City & State																											
Zip 33064		Country USA		Zip																									
Country		Country																											
4. FEI Number 55-0844104				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 TREMBLAY, W.J. 1801 S. FEDERAL HWY., STE. 219 DELRAY BEACH FL 33483																													
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 60%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEWIS, LEE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10741 NORTH BAY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON FL 33483</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">1021 CRYSTAL LAKE DR. APT 315</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>POMPAHO BEACH, FL. 33064</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PSTD	<input type="checkbox"/> Delete	NAME	LEWIS, LEE A		STREET ADDRESS	10741 NORTH BAY CIRCLE		CITY-ST-ZIP	BOCA RATON FL 33483		TITLE	1021 CRYSTAL LAKE DR. APT 315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	POMPAHO BEACH, FL. 33064		STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Lee Ann Lewis</u> 07/13/04 (754) 235-8331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													



W. J. Tremblay, P.A. **Attachment**
Federally Authorized Tax Practitioner

Internal Revenue Representation

Audit • Collection • Appeals

Fax (561) 276-6944

66431350

1801 S. Federal Highway, Ste. 219

Delray Beach, Florida 33483

Phone (561) 243-6355

Offices In:
Delray Beach
Tampa

Fellow In:
The National Tax
Practice Institute

Licensed by the
Federal Government

Member Of:
• National Assoc. of
Enrolled Agents

• National Council for
Taxpayer Advocacy

• National Society of
Public Accountants

• Florida Assoc. of
Enrolled Agents

• Florida Society of
Accounting and Tax
Professionals, Inc.

• National Society of
Tax Professionals

• Institute of Certified
Practitioners

• R.I. Assoc. of
Public Accountants

Not registered with the
Florida Board of
Accountancy

July 30, 2004

Sean Toner, Sr. Sec. Administrator
Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Subj: J & L Welding of Palm Beach Cty, Inc.
Ref: #P03000087312, Your Letter of 7/26/04 (copy attached)

After receiving your letter I reviewed my corporate file to determine the status of the Annual Report which was never received at this office. The form was downloaded from the internet and the post card was mailed to the State from this office.

Due to non-recèipt of the original annual report the taxpayer requests that the late fee be waived.

If you have any questions you may contact me at (561) 243-6355.

Very truly yours,

W. J. Tremblay, P.A.

W. J. Tremblay
W. J. Tremblay, EA, ATA, ATP, ABA

cc: Lee Ann Lewis

66431350

Attachment



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 26, 2004

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

SUBJECT: J. & L. WELDING OF PALM BEACH CTY., INC.
Ref. Number: P03000087312

We have received your document for J. & L. WELDING OF PALM BEACH CTY., INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only provision for waiver of the \$400.00 late fee is due to non-receipt of the original annual report notice. Your letter does not state this.

The fee to file the profit annual 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. If a certificate of status is desired, please add an additional \$8.75

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850).245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 304A00046834