


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-09-2004 90009 005 ***150.00

DOCUMENT # P03000115755	
1. Entity Name ORNAMETALS AND FINER WELDING, INC.	

Principal Place of Business 445 HWY 9 N MILLSPRING NC 38756	Mailing Address 1340 CHAPPAREL WAY WELLINGTON FL 33414
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66432716



MOORE CR2E034 (4/04)

2. Principal Place of Business		3. Mailing Address 104 Butternut Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Rutherfordton, NC	
Zip	Country	Zip 28139	Country Rutherford

4. FEI Number FIN# 56-2405610	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 ELFERS, TOM 1340 CHAPPAREL WAY WELLINGTON FL 33414	
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7. Name and Address of New Registered Agent BARBARA A. LEVINE 7710 Blairwood Cir. Lake Worth FL 33467	
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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 Barbara A. Levine Tom Elfers 8/4/04 Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, DANNY 179 ELLENBORO HENRIETTA RD ELLENBORO NC 28040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, DANNY 625 Red Fox Rd. COLUMBUS, NC 28722 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELFERS, TOM 1340 CHAPPAREL WAY WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELFERS, TOM 104 BUTTERNUT LANE RUTHERFORDTON, NC 28139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X. [Signature] SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/4/04 828-894-8887 Date Daytime Phone #