

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120121

Entity Name: ALL TYPE WELDING INC.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

1000 NW 113TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

1000 NW 113TH AVENUE
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-0339994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYAL BOOKKEEPING SERVICES INC
18060 NW 150TH AVENUE
WILLISTON, FL 32696 US

Name and Address of New Registered Agent:

FALLON, DAVID L P
1000 NW. 113TH AVE.
OCALA, FL., FL 34482 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: DAVID L FALLON

04/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FALLON, DAVID L
Address: 1000 NW 113 AVENUE
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: FALLON, TAMMY
Address: 1000 NW 113 AVENUE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L FALLON

P

04/16/2005

Electronic Signature of Signing Officer or Director

Date