


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000130251
1. Entity Name
JAMIE ALLEN MOBILE WELDING, INC.



Principal Place of Business: 911 SHELDON AVE, LEHIGH ACRES, FL 33972
Mailing Address: 911 SHELDON AVE, LEHIGH ACRES, FL 33972



04232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 11-3708372
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLEN, JAMIE
911 SHELDON AVE
LEHIGH ACRES, FL 33972

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
L00000345895
04/30/05-80054-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, JAMIE
STREET ADDRESS	911 SHELDON AVE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: Jamie Allen Date: 4-26-05 Daytime Phone #: 239-896-2549