2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P03000130832 Jan 31, 2005 08:00 AM 1. Entity Name Secretary of State SNAKE'S WELDING, INC. Principal Place of Business \_\_\_Mailing Address 433 WALKER ST., BLDG. 5G HOLLY HILL FL 32117 433 WALKER ST., BLDG. 5G HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 54-2134823 Not Applicable Žiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDRESS, E. DOYLE 1574 MOBILE AVE. HOLLY HILL FL 32117 Street Address (P.O. Box Number is Not Acceptable) 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campalgn Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE OG ☐ Delete DILLE 01/31/05-80030-004 150.00 ANDRESS, EDWARD D NAME NAME 433 WALKER ST #5-G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL 32117 CUTY-SI-ZIP ☐ Delete TITLE Change Addition TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THILE Delete THLE Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change Addition | THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackfrient with an address, with all other like empowered.

waren Edward D. SNA

SIGNATURE: