

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000148042

1. Entity Name  
JASON'S WELDING, INC.



Principal Place of Business  
23492 U.S. 129  
O'BRIEN, FL 32071

Mailing Address  
23492 U.S. 129  
O'BRIEN, FL 32071

2. Principal Place of Business  
23494 US 129  
Suite, Apt. #, etc.

3. Mailing Address  
23494 US 129  
Suite, Apt. #, etc.

City & State  
O'Brien, FL  
Zip 32071

City & State  
O'Brien, FL  
Zip 32071

6. Name and Address of Current Registered Agent

MOWRER, KERI  
23492 U.S. 129  
O'BRIEN, FL 32071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution:

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S  
NAME MOWRER, KERI M  
STREET ADDRESS 23492 U.S. 129  
CITY-ST-ZIP O'BRIEN, FL 32071

Delete

TITLE P  
NAME MOWRER, JASON L  
STREET ADDRESS 23492 U.S. 129  
CITY-ST-ZIP O'BRIEN, FL 32071

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME Dava Stephens  
STREET ADDRESS 3386 266th Street  
CITY-ST-ZIP Bradford, FL 32008

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: Keri M Mowrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 386-935-1835  
Date Daytime Phone #



02-25-2005 90145 010 \*\*\*150.00

**FILED  
Feb 25, 2005 8:00 am  
Secretary of State**