


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P03000148042</b> 1. Entity Name <b>JASON'S WELDING, INC.</b>					
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 <b>23494 US 129</b> Suite, Apt. #, etc.		3. Mailing Address <b>23494 US 129</b> Suite, Apt. #, etc.			
City & State <b>O'Brien, FL</b> Zip <b>32071</b>		City & State <b>O'Brien, FL</b> Zip <b>32071</b>		4. FEI Number <b>58-2678280</b>	
Country <b>Swansee</b>		Country <b>Swansee</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOWRER, KERI</b> <b>23492 U.S. 129</b> <b>O'BRIEN, FL 32071</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MOWRER, KERI M</b> <b>23492 U.S. 129</b> <b>O'BRIEN, FL 32071</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Dave Stephens</b> <b>5386 266th Street</b> <b>Brandon, FL 32008</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOWRER, JASON L</b> <b>23492 U.S. 129</b> <b>O'BRIEN, FL 32071</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		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.					
<b>SIGNATURE:</b> <u>Keri M Mower</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-14-05 386-935-1835 <small>Date Daytime Phone #</small>		