

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000156465

1. Entity Name
C & J WELDING SERVICES INC.



Principal Place of Business
28405 WILLIAMS WOODS RD
TAVARES, FL 32778

Mailing Address
28405 WILLIAMS WOODS RD
TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE

04-28-2008 90342 011 ***150.00



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0507852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GEORGE, CLYDE
28405 WILLIAMS WOODS ROAD
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GEORGE, CLYDE
STREET ADDRESS 28405 WILLIAMS WOODS ROAD
CITY-ST-ZIP TAVARES, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George C & J Welding Services Inc* P 4/24/08 352 343-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #