

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 11, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P03091**

1. Entity Name  
**HURST BOILER AND WELDING COMPANY, INC.**



Principal Place of Business

**21971 US HWY 319 N  
COOLIDGE, GA 31738**

Mailing Address

**PO DRAWER 530  
COOLIDGE, GA 31738**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-1385470**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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, 2007 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	HURST, CLIFTON E.
STREET ADDRESS	976 CLYDE GRIFFIN RD
CITY-ST-ZIP	THOMASVILLE, GA 31782
TITLE	V
NAME	HURST, THOMAS E
STREET ADDRESS	5340 BAY ROCKY FORD RD.
CITY-ST-ZIP	COOLIDGE, GA 31738
TITLE	T
NAME	HURST, EDNA G.
STREET ADDRESS	976 CLYDE GRIFFIN RD
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	S
NAME	WHITE, THERESA H
STREET ADDRESS	900 CLYDE GRIFFIN RD
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	HURST, HAYWARD L.
STREET ADDRESS	2258 SMITHWICK BRIDGE RD.
CITY-ST-ZIP	FUNSTON, GA 31753
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000582104  
01/11/07-80018-014 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas E. Hurst*  
**Thomas E. Hurst**

Date

**1-04-07**

Daytime Phone #

**229-346-3545**