


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000013333	
1. Entity Name THREE C WELDING & FABRICATION, INC.	

Principal Place of Business 6955 VERNA BETHANY RD MYAKKA, FL 34251	Mailing Address 6955 VERNA BETHANY RD MYAKKA, FL 34251
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03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0385338	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CLINE, DENISE 5522 257 STREET EAST MYAKKA, FL 34251

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CLINE, DART L 5562 257 STREET EAST MYAKKA, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAWFORD, KENNETH H 5331 22ND ST., E ONECO, FL 34264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLINE, LARRY E 5522 257TH ST., E MYAKKA, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/06-80084-006 158.75

**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 LARRY E CLINE **3-31-06** **941-322-2146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #