

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000019058

FILED
Jul 10, 2007
Secretary of State

Entity Name: GARRETT'S CERTIFIED WELDING, INC.

Current Principal Place of Business:

8790 CK MARION CREEK ROAD
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 581
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 20-0672985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, WILLIAM I
8790 LAKE MARION CREEK ROAD
HAINES CITY, FL 33845 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GARRETT, WILLIAM I
Address: PO BOX 581
City-St-Zip: HAINES CITY, FL 33845 US

Title: VP (X) Delete
Name: CONRAD, WENDELL
Address: PO BOX 581
City-St-Zip: HAINES CITY, FL 33845 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM I GARRETT

P

07/10/2007

Electronic Signature of Signing Officer or Director

Date