2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028652

1. Entity Name
DGM WELDING, INC.

14011507

04142005   Chg-P   CR2E034 (10/03)

Principal Place of Business	Mailing Address
2021 SW 70TH AVENUE B-7 DAVIE, FL 33317	2021 SW 70TH AVENUE B-7 DAVIE, FL 33317

2. Principal Place of Business 6005 STirling Rd
Suite, Apt. #, etc. 105
City & State DAViE FloridA
Zip 33314 Country BROWARd

3. Mailing Address 6005 STirling Rd
Suite, Apt. #, etc. 105
City & State DAViE FloridA
Zip 33314 Country BRowARd

4. FEI Number 32-0108242
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEDLECOT, DONALD 2021 SW 70TH AVENUE B-7 DAVIE, FL 33317	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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_____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	WEIdER OWNER	☒ Change	☐ Addition
NAME	MEDLECOT, DONALD		NAME	DGM WELding		
STREET ADDRESS	2021 SW 70TH AVENUE B-7		STREET ADDRESS	6005 STirling Rd (105)		
CITY-ST-ZIP	DAVIE, FL 33317		CITY-ST-ZIP	DAViE FloridA 33314		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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.

SIGNATURE: _Donald Medlecot_   4-26-05   954-987-5668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #