## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P04000029436



**FILED** 

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90075 048 \*\*\*150.00 SAXENMEYER WELDING SERVICE, INC. Principal Place of Business Mailing Address dhnzo. 509 CONGRESSIONAL WAY 509 CONGRESSIONAL WAY DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03312006 4. FEI Number Applied For City & State City & State 83-0391716 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAXENMEYER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) **509 CONGRESSIONAL WAY** DEERFIELD BEACH, FL 33442 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE PD Delete Change SAXENMEYER, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 509 CONGRESSIONAL WAY CITY - ST- ZIP DEERFIELD BEACH, FL 33442 CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Flc ida 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.

CITY - ST - ZIP

City-ST-7IP

Joseph Saxenmeyer 4/6/06 954673-9187
G OFFICER OR DIRECTOR