
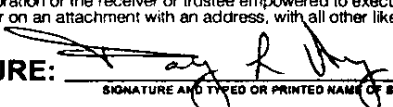


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90093 031 \*\*\*150.00

<b>DOCUMENT # P04000038736</b> 1. Entity Name <b>J. AVERY WELDING CONTRACTING, INC.</b>			
Principal Place of Business <b>1501 ARREDONDO GRANT ROAD DELEON SPRINGS, FL 32130</b>		Mailing Address <b>1501 ARREDONDO GRANT ROAD DELEON SPRINGS, FL 32130</b>	
2. Principal Place of Business - No P.O. Box # <b>1459 Arredondo Grant Rd</b>		3. Mailing Address <b>1459 Arredondo Grant Rd</b>	
Suite, Apt. #, etc. <b>De</b>		Suite, Apt. #, etc. 	
City & State <b>Deleon Springs FL</b>		City & State <b>Deleon Springs FL</b>	
Zip <b>32130</b>		Zip <b>32130</b>	
Country		Country	
4. FEI Number <b>20-0742651</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AVERY, JAMES O 1501 ARREDONDO GRANT ROAD DELEON SPRINGS, FL 32130</b>		7. Name and Address of New Registered Agent Name <b>Avery, James O</b> Street Address (P.O. Box Number is Not Acceptable) <b>1459 Arredondo Grant Rd</b> City <b>Deleon Springs FL</b> Zip Code <b>32130</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>AVERY, JAMES O</b> STREET ADDRESS <b>1501 ARREDONDO GRANT ROAD</b> CITY-ST-ZIP <b>DELEON SPRINGS, FL 32130</b>	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Avery, James O</b> STREET ADDRESS <b>1459 Arredondo Grant Rd</b> CITY-ST-ZIP <b>Deleon Springs FL 32130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME <b>AVERY, DARCY L</b> STREET ADDRESS <b>1501 ARREDONDO GRANT ROAD</b> CITY-ST-ZIP <b>DELEON SPRINGS, FL 32130</b>	<input type="checkbox"/> Delete	TITLE <b>V</b> NAME <b>Avery, Darcy L</b> STREET ADDRESS <b>1459 Arredondo Grant Rd</b> CITY-ST-ZIP <b>Deleon Springs FL 32130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b>  <b>DARCY L Avery</b>		<b>1-15-07</b>	<b>386-985-0539</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>