

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084352

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** BOB'S WELDING FABRICATION & MAINTENANCE, INC.

**Current Principal Place of Business:**

542 SOUTH COMBEE ROAD  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

542 SOUTH COMBEE ROAD  
LAKELAND, FL 33801

**New Mailing Address:**

**FEI Number:** 20-1546785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTINE, REVA Y  
829-D NORTH LANIER  
FT MEADE, FL 33841 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: P/D  
Name: HONEYCUTT, ROBERT L  
Address: 1241 EDGEWATER DRIVE  
City-St-Zip: LAKELAND, FL 33805

Title: VP/D  
Name: HONEYCUTT, CAMERON B  
Address: 3615 HILEMAN DR SOUTH  
City-St-Zip: LAKELAND, FL 33809

Title: T/S  
Name: HONEYCUTT, ROBERT B  
Address: 5024 CHRISTOPHER COURT  
City-St-Zip: LAKELAND, FL 33805

Title: D  
Name: HONEYCUTT, ROBERT B  
Address: 5024 CHRISTOPHER COURT  
City-St-Zip: LAKELAND, FL 33805

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L HONEYCUTT

PD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date