2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Feb 01, 2006 08:00 A			
DOCU	MENT # P0400012					of State	
	WELDING & FABRICATIO	N, INC.					
Principal Plac	ce of Business	Mailing Address	•				
1819 NW 41		1819 NW 4TH AVENUE					
OCALA, FL	34475 .	OCALA, FL 34475					
		•	,				
DO NOT WRITE IN THIS SPA			CE	01162006	No Chg-P	CR2E034 (1	
		# 1x4		4. FEI Number 22-3902	898		Applied For Not Applicable
		·	-	5. Certificate of	Status Desired		75 Additional Required
	6. Name and Address of Current	Registered Agent		<u></u>	· · · · · · · · · · · · · · · · · · ·		
SANDY, RICHARD M				ו חם	W TOP	DITE	
704 SW 3RD AVE OCALA, FL 34478				•			
				IN	HIS SP	ACE	
				· · ·	*	–	•
	e named entity submits this statement f	or the purpose of changing its registe	red office or registe	red agent, or both	, in the State of Flo	rida. I am famili	ar with, and accept
				-			
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable (NOTE; Registe	red Agent signature require	d when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution	ancing \$5	.00 May Be ded to Fees			
10,	OFFICERS AND	DIRECTORS			نر		······································
TITLE NAME	D SMITH, VIRGIL A			<u></u>			· reit .
STREET ADDRESS	1739 N PINE AVE						
GITY-ST-ZIP OCALA, FL 34470							
TITLE NAME					02/11/00000 -000000	115307	ነ ለምም ው ው።
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CITY-ST-ZIP				- · ·			
TITLE							
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C/TY-ST-ZIP				ו טעו	NOT W	KIIE	•
TITLE				-IN T	HIS SP	ACE	
NAME STREET ADDRESS			1				
CITY-ST-ZIP		**************************************	_				
TITLE NAME							
STREET ADDRESS				:			
CITY-ST-ZIP			1				
TITLE NAME		-					

12. Thereby 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

1-30-06