


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90012 018 \*\*\*150.00

<b>DOCUMENT # P04000143672</b> 1. Entity Name <b>CAJUN'S PORTABLE WELDING SERVICE, INC.</b>					
Principal Place of Business <b>86032 LOFTON CT YULEE, FL 32059</b>			Mailing Address <b>86032 LOFTON CT YULEE, FL 32059</b>		
2. Principal Place of Business <b>86032 Lofton CT.</b>		3. Mailing Address <b>P.O. Box 15452</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Yulee, FL.</b>		City & State <b>Fernandina Beach, FL.</b>		4. FEI Number <b>20-2335978</b>	
Zip <b>32059</b>		Country <b>U.S.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32035</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHERMAN, CHRIS 86032 LOFTON CT YULEE, FL 32059</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-stating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SHERMAN, CHRIS 86032 LOFTON CT YULEE, FL 32059		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHERMAN, CHRIS 86032 LOFTON CT YULEE, FL 32059		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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.					
<b>SIGNATURE:</b> <u>Chris A. Sherman</u> <span style="float: right;"><b>7-10-05</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					