

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153277

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: METEER WELDING, INC.

## Current Principal Place of Business:

16100 EUSTIS PLACE  
DONA VISTA, FL 32784 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 350268  
GRAND ISLAND, FL 32735 US

## New Mailing Address:

FEI Number: 03-0532547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

METEER, HAROLD  
16100 EUSTIS PLACE  
DONA VISTA, FL 32784 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: METEER, HAROLD  
Address: 16100 EUSTIS PLACE  
City-St-Zip: DONA VISTA, FL 32784 US

Title: VD ( ) Delete  
Name: MCDUFFIE, MICHAEL  
Address: 16100 EUSTIS PLACE  
City-St-Zip: DONA VISTA, FL 32784 US

Title: OD ( ) Delete  
Name: BISNAUTH, KUMAR  
Address: 16100 EUSTIS PLACE  
City-St-Zip: DONA VISTA, FL 32784 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAROLD METEER

PD

07/14/2008

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

\_\_\_\_\_  
Date