

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058384

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** TOM SMITH PORTABLE WELDING SERVICE, INC.

**Current Principal Place of Business:**

PO BOX 69  
CITRA, FL 32113

**New Principal Place of Business:**

17888 NE 45TH AVENUE ROAD  
CITRA, FL 32113

**Current Mailing Address:**

PO BOX 69  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 20-2712720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHEN W GILBERTSON, CPA, PA  
2720 E OAKLAND PARK BLVD #109  
FT LAUDERDALE, FL 33306 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SMITH, THOMAS  
Address: PO BOX 69  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: TOM SMITH

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04/27/2007

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

\_\_\_\_\_  
Date