2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000073613 02-23-2007 90022 029 ***150.00 1. Entity Name AVERY'S WELDING, INC. Principal Place of Business Mailing Address 1501 ARREDONDO GRANT ROAD 1501 ARREDONDO GRANT ROAD DELEON SPRINGS, FL 32130 US DELEON SPRINGS, FL 32130 2. Principal Place of Business - No P.O. Box 3. Mailing Address 1457 Arredon dubrant 1457 Arredo Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For Dereon Springs Joheon Sorings 20-2894030 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hiam AVERY, WILLIAM O Bdx Number is Not Acceptable) 1501 ARREDONDO GRANT ROAD **DELEON SPRINGS, FL 32130** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in he State of Florida. I am familiar with, and accept the obligations of registered agent. 9-91-9001 SIGNATURE WILLIAM HUEN (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Addition fifi F Change : AVERY, WILLIAM Avery, William Grant Rd 1457 Arredondo Grant Rd NAME NAME STREET ADDRESS 1501 ARREDONDO GRANT ROAD STREET ADDRESS CITY-ST-ZIP DELEON SPRINGS, FL 32130 CITY-ST-ZDP Dehean Springs VP.D ☐ Delete tm F ☐ Addition UR D AVERY, LINDA NAME NAME Avery, Linda 1457 Arredona 1501 ARREDONDO GRANT ROAD STREET ADDRESS STREET ADDRESS DELEON SPRINGS, FL 32130 CITY-ST-7IP CITY-ST-7IP 30 TITLE TER E ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITL F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 may 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attackment with an address, with all other like empowered.

FILED

Feb 23, 2007 8:00 am