

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90040 042 ***150.00

DOCUMENT # P05000096073

1. Entity Name

ROY'S WELDING INC.



Principal Place of Business

1465 NW 66 AVENUE
MARGATE FL 30633
US

Mailing Address

1465 NW 66 AVENUE
MARGATE FL 30633
US

2. Principal Place of Business - No P.O. Box #

2467 S.W. Page Cir.

3. Mailing Address

2467 S.W. Page Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State
Port St Lucie, FL

Zip
34953

Country
US

City & State
Port St. Lucie, FL

Zip
34953

Country
US

4. FEI Number

26-0121653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGH, ROY D
1465 NW 66 AVENUE
MARGATE FL 30633

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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SINGH, ROY D
1465 NW 66 AVENUE
MARGATE FL 30633 ☐ Delete

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SINGH, ROY D
1465 NW 66 AVENUE
MARGATE FL 30633 ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #