



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-26-2006 90197 001 ***150.00

DOCUMENT # P05000098089					
1. Entity Name K & N MOBILE WELDING, INC.					
Principal Place of Business 302 SW 19TH AVENUE OKEECHOBEE, FL 34974 US			Mailing Address 302 SW 19TH AVENUE OKEECHOBEE, FL 34974 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3142089	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Name and Address of Current Registered Agent NEWHOUSE, MARY K 302 SW 19TH AVENUE OKEECHOBEE, FL 34974				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P	NEWHOUSE, HENRY N	302 SW 19TH AVENUE	OKEECHOBEE, FL 34974	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
VP	NEWHOUSE, MARY K	302 SW 19TH AVENUE	OKEECHOBEE, FL 34974	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
				Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby 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 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 officer 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.					
SIGNATURE:  Mary K. Newhouse V.P.				Date 04-19-06 862-634-8831	