

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90002 013 ***150.00

DOCUMENT # P05000123420	
1. Entity Name ON SITE MOBILE WELDING & REPAIRS INC	

Principal Place of Business 2395 FAITH AVE WEST PALM BEACH FL 33417	Mailing Address 2395 FAITH AVE WEST PALM BEACH FL 33417
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2. Principal Place of Business 2395 Faith Ave	3. Mailing Address 2395 Faith Ave
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B

2nd MOORE CR2E034 (4/06)

City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33417	Country Palm Beach
Zip 33417	Country Palm Beach

4. FEI Number 56-2529902	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MELOY, CLARENCE 2395 FAITH AVE WEST PALM BEACH FL 33417	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Clarence Meloy* **DATE** 9-12-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State.	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MELOY, CLARENCE 2395 FAITH AVE WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 all other like empowered.

SIGNATURE: *Clarence Meloy* **DATE** 9-12-06 **Daytime Phone #** 561-667-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR