FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90121 030 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000151111

1. Entity Name
MIKE HERMAN WELDING INC

Principal Place of Business
8025 SE 126 PLACE
BELLEVIEW, FL 34420

Mailing Address
8025 SE 126 PLACE
BELLEVIEW, FL 34420

01182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
SAME AS ABOVE		SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country: MARION	Zip	Country: MARION

4. FEI Number: 20-3790443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, MICHAEL S
8025 SE 126 PLACE
BELLEVIEW, FL 34420

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P S	☐ Delete
NAME	HERMAN, MICHAEL S	
STREET ADDRESS	8025 SE 126 PLACE	
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	VP	☐ Delete
NAME	HERMAN, MICHAEL S JR	
STREET ADDRESS	8025 SE 126 PLACE	
CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] 1-18-06 352-266-7815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #