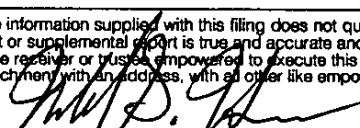


FILED
Jan 23, 2006 8:00 am
Secretary of State

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		
2. Principal Place of Business SAME AS ABOVE			3. Mailing Address SAME AS ABOVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3790443	
33500	MARION	33500	MARION	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: _____ (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	NAME				
	P S HERMAN, MICHAEL S ☐ Delete				
STREET ADDRESS	8025 SE 126 PLACE				
CITY-ST-ZIP	BELLEVIEW, FL 34420				
TITLE	NAME				
	VP HERMAN, MICHAEL S JR ☐ Delete				
STREET ADDRESS	8025 SE 126 PLACE				
CITY-ST-ZIP	BELLEVIEW, FL 34420				
TITLE	NAME				
	☐ Delete				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME				
	☐ Delete				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME				
	☐ Delete				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME				
	☐ Delete				
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME				
	☐ Change ☐ Addition				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME				
	☐ Change ☐ Addition				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME				
	☐ Change ☐ Addition				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME				
	☐ Change ☐ Addition				
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:  1-18-06 352-266-7815					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					