


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90099 045 ***150.00

DOCUMENT # P06000003165	
--------------------------------	---

1. Entity Name
G&L CUSTOM WELDING INC

Principal Place of Business
**4021 OLDE TYME PLACE
MIDDLEBURG, FL 32068**

Mailing Address
**4021 OLDE TYME PLACE
MIDDLEBURG, FL 32068**

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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Middleburg, FL
Zip
32068 Country
US

City & State
Middleburg, FL
Zip
32050- Country
US

04132007

Chg-P

CR2E034 (12/06)

4. FEI Number
204054139

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, LARRY
6085 MONROE SMITH ROAD
JACKSONVILLE, FL 32222**

7. Name and Address of New Registered Agent

Name **WELCH, LARRY L.**

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

**4021 OLDE TYME PLACE
Middleburg, FL 32068**

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

Larry L. Welch

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input checked="" type="checkbox"/> Delete
NAME	WELCH, LARRY	
STREET ADDRESS	6085 MONROE SMITH ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	

TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	WELCH, LARRY	
STREET ADDRESS	6085 MONROE SMITH ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, LARRY L.	
STREET ADDRESS	4021 Olde Tyme Place	
CITY-ST-ZIP	Middleburg, FL 32068	

TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, LARRY L.	
STREET ADDRESS	4021 Olde Tyme Place	
CITY-ST-ZIP	Middleburg, FL 32068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Larry L. Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-07

Date

Daytime Phone #