


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90185 010 \*\*\*158.75

<b>DOCUMENT # P06000044305</b> 1. Entity Name <b>SUMMIT WELDING SERVICES, INC.</b>																							
Principal Place of Business <b>29719 FULLERVILLE RD DELAND, FL 32720</b>			Mailing Address <b>29719 FULLERVILLE RD DELAND, FL 32720</b>																				
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																					
City & State  Zip		City & State  Zip		4. FEI Number <b>68-0612751</b>																			
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>HUDDLESTON, MICHAEL C ESQ 114 W RICH AVE DELAND, FL 32720</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City																			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																			
DATE				DATE																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS																			
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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: <u>Drew F. DeKoeYer</u> <b>April 10, 2007</b> <b>386-747-5959</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							

**DREW F. DEKOEYER**