


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90083 016 ***150.00

DOCUMENT # P06000059157 1. Entity Name FRANKIE'S MOBILE WELDING, INC.					
Principal Place of Business 1439 CORBETT RD. CAPE CORAL, FL 33909 US			Mailing Address 1439 CORBETT RD. CAPE CORAL, FL 33909 US		
2. Principal Place of Business - No P.O. Box # 2757 GARDEN STREET Suite, Apt. #, etc.		3. Mailing Address 2757 GARDEN STREET Suite, Apt. #, etc.			
City & State NORTH FORT MYERS, FL		City & State NORTH FORT MYERS, FL		4. FEI Number 20-4775946	
Zip 33917		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHOUINARD, JAMES A CPA 9541 CYPRESS LAKE DRIVE SUITE 5 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name FRANK G. HAMM Street Address (P.O. Box Number is Not Acceptable) 2757 GARDEN STREET City NORTH FORT MYERS FL Zip Code 33917	
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: <u><i>FRANK G. Hamm</i></u> DATE: <u>3-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D <input type="checkbox"/> Delete HAMM, FRANK JR. 1439 CORBETT RD. CAPE CORAL, FL 33909		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANK G. HAMM, JR. 2757 GARDEN STREET NORTH FORT MYERS, FLORIDA 33917	
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	
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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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	
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><i>Frank G. Hamm</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-15-07</u> Daytime Phone #		