## FILED Jul 10, 2007 8:00 am Secretary of State 07-10-2007 90007 041 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

PRODUCTION OF TITE 18 OF PRIVATE STATES OF PRIVA	1. Entity Nam	MENT #P0600007( ustom welding & fab			40124060
Suite, April et cit.    Suite, April et cit.   Suite	6707 JOHN F	TTTS RO	6707 JOHN PITTS RD	104	
City & State  Country  Countr	2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address		
2D Country 2D Country 2D Country 3D Country	Suite, Apt. #, etc.		Suite, Act. #, etc.		06052007 Chg-P CR2E034 (12/06)
BISCHEL MICHAEL 8707 JOHN PITTS RD PANAMA CITY, FL 32404  Cry FILE NOWIL FEEL 8 \$150.00 Due, by September 14, 2007  TILE NAME BISCHEL MICHAEL 8707 JOHN PITTS RD PANAMA CITY, FL 32404  Cry FILE NOWIL FEEL 8 \$150.00 Due, by September 14, 2007  TILE NAME BISCHEL MICHAEL 8707 JOHN PITTS RD PANAMA CITY, FL 32404  FILE NOWIL FEEL 8 \$150.00 Due, by September 14, 2007  TILE NAME BISCHEL MICHAEL 8707 JOHN PITTS RD 9-Required Agent reports reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, or born, in two State of Florata. I arm femiliar with, and excellent reached agent, o	City & Stat	)	City & State	All The Control of th	
BISCHEL MICHAEL 6707 JOHN PITTS RD PANAMA CITY, FL 32404  4. The above nerice dentry submits this atterment for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accordance or registered agent, or both, in the State of Florida. I am femiliar with, and accordance or registered agent, or both, in the State of Florida. I am femiliar with, and accordance or registered agent, or both, in the State of Florida. I am femiliar with, and accordance or registered agent, or both, in the State of Florida. I am femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with, and accordance with season of the corporation of the new femiliar with and accordance with season of the corporation of the new femiliar with accordance with season of the corporation of the new femiliar with accordance with season of the corporation of the new femiliar with accordance with season of the corporation of the new femiliar with accordance with season of the corporation of the new femiliar with accordance with season of the corporation of the new femiliar with accordance with season of the corporation of the new femiliar with accordance with season of the corporation	Zlp	Country	Zip	Country	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above instruction of register of agent.  SIGNATURE Spring of read present for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Ismilliar with and acceptable of registered agent.  SIGNATURE Spring of read present present present for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Ismilliar with and acceptable of the company of read present present present present agent agent, or both, in the State of Florida. I am Ismilliar with and acceptable of Florida. I am Ismilliar with and acceptable of Florida. I am Ismilliar with a second agent of the componing agent		6. Name and Address of Curren	Registered Agent	Name	Name and Address of New Registered Agent
A. The above named critiv automits this statement for the purpose of changing to registered algent, or both, in the State of Florida. I am familiar with, and according to obtain the obligations of registered agent.    Columbia	6707 JOHI	N PITTS RD			tress (P.O. Box Number is Not Acceptable)
THE DOUGHT FEE IS \$150.00  BUILD BY September 14, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT.  TITLE  BISCHEL, MICHAEL  STREET ADDRESS  GTY-ST-2P  Deales  TITLE  MAKE  STREET ADDRESS  GTY-ST-2P  TITLE  MAKE STREET ADDRESS  GTY-ST-2P  Deales  TITLE  MAKE STREET ADDRESS  GTY-ST-2P  Deales  TITLE  MAKE STREET ADDRESS  GTY-ST-2P  Deales  TITLE  MAKE STREET ADDRESS  GTY-ST-2P  TITLE  Deales  TITLE  Deales  TITLE  MAKE STREET ADDRESS  GTY-ST-2P  TITLE  Deales  TITLE  D				City	FL Zip Code
TITLE NAME BISCHEL, MICHAEL BISCHEL, MIC	Fil	LE NOWIII FEE IS \$150.00 up by September 14, 2007	9. Election Camp Trust Fund Cor	algn Financing	\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
NAME STRET ADDRESS CITY-ST-ZIP  Delate TITLE NAME STRET ADDRESS CITY-ST-ZIP  CITY	TITLE NAME STREET ADDRESS	D BISCHEL, MICHAEL 6707 JOHN PITTS RD		TITLE NAME STREET ADDRESS	
NAME STRET ADDRESS CITY-ST-ZIP  TITLE NAME STRET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STRETT ADDRESS CITY-ST-ZIP TITLE NAME STRETT ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STRETT ADDRESS CITY-ST-ZIP T	NAME Street adoptess		☐ Delate	NAME Street address	☐ Change ☐ Add
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  12. I horeby certify that the information supplied with this filling does not qualify for the communities 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 out; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my harne appears in Block 10 or Block 1 charges, or on an attachment with an address, with all other I kg ampowered.	NAME Street Address		☐ Delime	NAME STREET ADDRESS	☐ Change ☐ Add
NAME STREET ADDRESS CITY-51-2IP  12. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 1 charges, or on an attachment with an address, with all other tike ampowered.  SIGNATURE:	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Add
indicated on this report or supplemental report is true and accurate and accurate and indicated on this report or supplemental report is true and accurate and accurate the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statisties; and that my name appears in Block 10 or Block 1 changes, or on an attachment with an address, with all other Ika ampowered.  SIGNATURE:	NAME STREET ADDRESS CITY-ST-21P			MAME Street Address City-St-ZIP	
SIGNATURE: Date of STREET NAME OF MACHINE OFFICER DE PROPERTY DESCRIPTION OF THE PARCE OF THE PA	indicate	t on this report or supplemental report reporation or the receiver or trustee em	t is true and accurate and that repowered to execute this repo	rt my signature shall hav ort as required by Chap	ive the same legal effect as it made under call; that I am an onicer of direction for the for, Florida Statisties; and that my name appears in Block 10 or Block 1
: DATE OF THE PARTY OF THE PART	SIGNA	TURE:	PRINTED NAME OF MONTHS OFFICE	PROR DIRECTOR	Date Daylinte Phone #