

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-28-2007 90016 029 ***150.00

FILE # P06000150204

2007 MAR 27 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000150204			
1. Entity Name WESTERN WELDING INC.			
Principal Place of Business 60 BAY HARBOR DRIVE PONCE INLET FL 32127 US		Mailing Address 60 BAY HARBOR DRIVE PONCE INLET FL 32127 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 60 BAY HARBOR DR	
Suite, Apt. #, etc. 60 BAY HARBOR DR		Suite, Apt. #, etc. P	
City & State PONCE INLET FL		City & State PONCE INLET FL	
Zip 32127		Zip 32127	
Country VOLUSIA		Country VOLUSIA	
6. Name and Address of Current Registered Agent DOUGLAS, PERRY 60 BAY HARBOR DRIVE PONCE INLET FL 32127		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 		DATE 3/4/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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, T DOUGLAS, PERRY 60 BAY HARBOR DRIVE PONCE INLET FL 32127	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE 3/4/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 386-760-3044	