

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103811

Entity Name: WELD-FAB INC.

FILED  
Jul 06, 2008  
Secretary of State

## Current Principal Place of Business:

3224 NW 1ST AVE  
CAPE CORAL, FL 33993

## New Principal Place of Business:

1625 SW 2ND TERRACE  
CAPE CORAL, FL 33991

## Current Mailing Address:

3224 NW 1ST AVE  
CAPE CORAL, FL 33993

## New Mailing Address:

1625 SW 2ND TERRACE  
CAPE CORAL, FL 33991

FEI Number: 71-1039155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROOKS, JAMES W  
3224 NW 1ST AVE  
CAPE CORAL, FL 33993 US

## Name and Address of New Registered Agent:

BROOKS, JAMES W  
1625 SW 2ND TERRACE  
CAPE CORAL, FL 33991 US

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.

SIGNATURE: JAMES W BROOKS

07/06/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BROOKS, JAMES W  
Address: 3224 NW 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VP ( ) Delete  
Name: MARTINEZ, ROBERT E  
Address: 647 NUNA AVE LOT 110  
City-St-Zip: FORT MYERS, FL 33905

Title: TRES (X) Delete  
Name: BROOKS, MARTINA M  
Address: 3224 NW 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: SEC (X) Delete  
Name: MARTINEZ, PATRICIA P  
Address: 647 NUNA AVE LOT 110  
City-St-Zip: FORT MYERS, FL 33993

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BROOKS, JAMES W  
Address: 1625 SW 2ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP (X) Change ( ) Addition  
Name: BROOKS, MARTINA M  
Address: 1625 SW 2ND TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTINA BROOKS

VP

07/06/2008

Electronic Signature of Signing Officer or Director

Date