FILED

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

402 SUBSTATION RD

VENICE, FL 34292 US

DOCUMENT # P93000020340

1. Entity Name
TURBINE WELD, INC.

Principal Place of Business

VENICE, FL 34292 US

2. Principal Place of Business

402 SUBSTATION RD

Suite, Apt. #, etc.

City & State

Jan 15, 2004 8:00 am Secretary of State 01-15-2004 90003 043 ***150.00 44002058 Chg-P CR2E034 (10/03) 01122004 4. FEI Number Applied For

3 4 2 8 5 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALPIN, E. H 402 SUBSTATION RD VENICE, FL 34292 Street Address (P.O. Box Number is Not Acceptable)	Zip Code 3 4 2 85 ar with, and accept
8. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Z 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 familiate the obligations of registered agent. SIGNATURE Signature Agent Address (P.O. Box Number is Not Acceptable) City FL Z (NOTE: Registered agent, or both, in the State of Florida. I am familiate the obligations of registered agent. SIGNATURE Signature Agent Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Z City FL Z Onte	Zip Code 3 4 2 85 ar with, and accept
HALPIN, E. H 402 SUBSTATION RD VENICE, FL 34292 City City FL Z 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 familiate the obligations of registered agent. SIGNATURE Signature Types of primes give of infabilities egent and life if applicable. (NOTE Pagistares Agent signature resulting when relativistic) PILE NOWILL FEE IS \$150.00 8. Election Campaign Financing \$5.00 May Be	ar with, and accept
Street Address (P.O. Box Number is Not Acceptable) City FL S. 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 familiate the obligations of registered agent. SIGNATURE Signature Types of prime; prime of might before agent and life if applicable. (NOTE Perference Address (P.O. Box Number is Not Acceptable) FILE NOWILI FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) FILE NOWILI FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable) FILE NOWILI FEE IS \$150.00 Street Address (P.O. Box Number is Not Acceptable)	ar with, and accept
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 familiatine obligations of registered agent. SIGNATURE Signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiatine obligations of registered agent. SIGNATURE Signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiatine obligations of registered agent, or both, in the State of Florida. I am familiatine obligations of registered agent. SIGNATURE Signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiatine obligations of registered agent. SIGNATURE Signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiatine obligations of registered agent. SIGNATURE Signature for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiatine obligations of registered agent. SIGNATURE Signature for the purpose of registered agent. SIGNATURE SIGNATURE Signature for the purpose of registered agent. SIGNATURE SIGNATU	ar with, and accept
SIGNATURE Signature fines of primes parter of inglishers agent and little it applicable. (NOTE hegisters Agent signature reduces when reductating) PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	
FILE NOWILL FEE IS \$150.00	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11
TITLE PD Delate TITLE ID NAME HALPIN, THOMAS D NAME STREET ADDRESS 409 E MACEWEN DRIVE STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34229 CITY-ST-ZIP	Change 🗌 Addition
GOT NET, VE GREE	Channe D Addition
TITLE VPD TITLE TITLE NAME HALPIN, PATRICK NAME STREET ADURESS CITY-ST-ZIP EAST LONGMEADOW, MA 01028 CITY-ST-ZIP	Change [Addition]
TITLE STD TITLE TEXT NAME HALPIN, E. H STREET AUDRESS 519 PARK ESTATES SQUARE CITY-ST-ZIF VENICE, FL 34293 TITLE TEXT NAME STREET AUDRESS // OO / B / S W A Y # Z O Z CITY-ST-ZIF VENICE, FL 34293	Change
	Change Addition
TITLE Dalate TITLE (III) NAME STREET AUDRESS CITY-ST-ZIF CITY-ST-ZIF	Change
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Change [] Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the 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 and 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 Blochanged, or on an attachment with an address, with all other like empowered. SIGNATURE: BANKTURE: BANKTURE AND THE PROPERTY OF PROPERTY NAME OF SIGNING OFFICER OR DIRECTOR Dayling Dayling Dayling	ock 10 or Block 11 if