

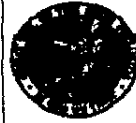
FILED  
Jan 10, 2005 08:00 AM  
Secretary of State

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P93000020340

1. Entity Name

TURBINE WELD, INC.



Principal Place of Business

402 SUBSTATION RD  
VENICE, FL 34285 US

Mailing Address

402 SUBSTATION RD  
VENICE, FL 34285 US



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number

03-0302953

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALPIN, E. H  
402 SUBSTATION RD  
VENICE, FL 34292

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALPIN, THOMAS D
STREET ADDRESS	409 E MACEWEN DRIVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	VPD
NAME	HALPIN, PATRICK
STREET ADDRESS	30 FRASER DR
CITY-ST-ZIP	EAST LONGMEADOW, MA 01028
TITLE	STD
NAME	HALPIN, E. H
STREET ADDRESS	1000 IBIS WAY # 202
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000177127  
01/11/05-80024-045 (53.00)

DO NOT WRITE  
IN THIS SPACE

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 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:

*E. H. Halpin* E. H. HALPIN

1-6-05 941-485-5113