

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90018 023 \*\*\*150.00

**DOCUMENT # P93000039034**

1. Entity Name  
**M & E WELDING, INC.**



Principal Place of Business: **162 W 2ND AVENUE  
 PIERSON FL 32180  
 US**  
 Mailing Address: **PO BOX 74  
 PIERSON FL 32180  
 US**

**04004012**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **59-3181434**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DUBBERLY, MARK  
 410 W WASHINGTON AVE  
 PIERSON FL 32180**

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

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

(NOTE: Registered Agent signature required when reinstating)

*2/4/04*  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUBBERLY, MARK</b>	
STREET ADDRESS	<b>410 W WASHINGTON AVE</b>	
CITY-ST-ZIP	<b>PIERSON FL 32180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADDOCK, EDDIE</b>	
STREET ADDRESS	<b>PO BOX 181</b>	
CITY-ST-ZIP	<b>DE LEON SPRINGS FL 32130</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>BOOKKEEPER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LISA DUBBERLY</b>	
STREET ADDRESS	<b>P O BOX 74</b>	
CITY-ST-ZIP	<b>PIERSON FL 32180</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mark Dubberly* **Mark Dubberly** *2/4/04* **2/4/04** *386-749-1957* **386-749-1957**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #