2006 FOR PROFIT CORPORATION

FILED Jan 10, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P94000045564** ADAMS WELDING, INC. Mailing Address Principal Place of Business 1407 26TH AVENUE, EAST 1407 26TH AVENUE, EAST BRADENTON, FL 34208 BRADENTON, FL 34208 01062006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0501128 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ADAMS, CHARLES M 1407 26TH AVENUE, EAST BRADENTON, FL 34208

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typod 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, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, CHARLES M 6610 28TH AVENUE, EAST BRADENTON, FL 34208				00/000381031 01/11/06-80037-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ADAMS, MICHAEL SCOTT M 6610 28TH AVENUE, EAST BRADENTON, FL 34208	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, GLORIA J 6610 28TH AVE E BRADENTON, FL 34208		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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.

adams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2006

Date

941-748.5460

Daytime Phone #