

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90073 012 ***150.00



DOCUMENT # P94000045564
1. Entity Name
ADAMS WELDING, INC.

Principal Place of Business 1407 26TH AVENUE, EAST BRADENTON, FL 34208	Mailing Address 1407 26TH AVENUE, EAST BRADENTON, FL 34208
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40007815



2. Principal Place of Business - No P.O. Box # 6610 28th Ave East	3. Mailing Address 6610 28th Ave East
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State Bradenton FL	City & State Bradenton FL
Zip 34208	Country Manatee
Zip 34208	Country Manatee

4. FEI Number 65-0501128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ADAMS, CHARLES M
1407 26TH AVENUE, EAST
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 <input type="checkbox"/> Delete
NAME	ADAMS, CHARLES M
STREET ADDRESS	6610 28TH AVENUE, EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	VPS <input type="checkbox"/> Delete
NAME	ADAMS, MICHAEL SCOTT M
STREET ADDRESS	6610 28TH AVENUE, EAST
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	S <input type="checkbox"/> Delete
NAME	ADAMS, GLORIA J
STREET ADDRESS	6610 28TH AVE E
CITY-ST-ZIP	BRADENTON, FL 34208
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<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 exemptions contained 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 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: Charles Adams Pres. **1-18-08** **941-7485460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #