

# 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**

**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**

4. FEI Number  
**65-0501128**

Applied For  
Not Applicable

Zip  
**34208**

Country  
**Manatee**

Zip  
**34208**

Country  
**Manatee**

5. Certificate of Status Desired ☐ **\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ADAMS, CHARLES M  
6610 28TH AVENUE, EAST  
BRADENTON, FL 34208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
ADAMS, MICHAEL SCOTT M  
6610 28TH AVENUE, EAST  
BRADENTON, FL 34208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ADAMS, GLORIA J  
6610 28TH AVE E  
BRADENTON, FL 34208** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-08**

Date

**941-7485460**

Daytime Phone #