
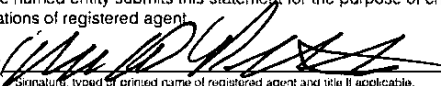
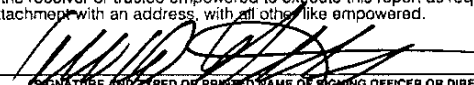


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90003 015 \*\*\*550.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P94000067498</b><br>1. Entity Name<br><b>GRUMPY'S WELDING AND FABRICATING, INC.</b>   |  |  |   |                |  |
| Principal Place of Business<br><b>1300 ELLER DRIVE<br/>PORT EVERGLADES<br/>FT LAUDERDALE, FL 33316 US</b>   |  |  | Mailing Address<br><b>P.O. BOX 22338<br/>FT LAUDERDALE, FL 33335</b>  |   |  |
| 2. Principal Place of Business<br><b>3061 NW 17 Terrace</b>   |  | 3. Mailing Address<br><br>   |   |   |  |
| Suite, Apt. #, etc.<br><br>   |  | Suite, Apt. #, etc.<br><br>  |   |   |  |
| City & State<br><b>Oakland Park, FL</b>   |  | City & State<br><br>   |   | 4. FEI Number<br><b>65-0537703</b>  |  |
| Zip<br><b>33311</b>   |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PRATHER, ROGER D<br/>2933 LAKESHORE DRIVE<br/>DANIA BEACH, FL 33312</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 50%;"> <b>Roger D. Prather, President 6/16/05</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 10%; text-align: right;"> <small>DATE</small> </div> </div> |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D PRATHER, ROGER D</b> <input type="checkbox"/> Delete<br><b>2933 LAKESHORE DRIVE</b><br><b>DANIA BEACH, FL 33312</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <div style="text-align: right;"> <b>(954)484-1969</b><br/> <b>Roger D. Prather, President 6/16/05</b><br/> <small>Date Daytime Phone #</small> </div>   |   |  |