

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P95000021915

1. Entity Name
WHITE'S WELDING, INC.



Principal Place of Business
**5587 2ND AVENUE
KEY WEST, FL 33040**

Mailing Address
**5587 2ND AVENUE
KEY WEST, FL 33040**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0581416	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OVIDE, MICHAEL L
3619 EAGLE AVENUE
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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**

**000000268211
04/08/08-80100-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DO
NAME	GREAGOR, TODD
STREET ADDRESS	21 EMERALD DRIVE
CITY-ST- ZIP	KEY WEST, FL 33040

TITLE	DO
NAME	OVIDE, MICHAEL L
STREET ADDRESS	3619 EAGLE AVENUE
CITY-ST- ZIP	KEY WEST, FL 33040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Michael L. Ovide
Michael L. Ovide

3-19-08

Date

305-296-6571

Daytime Phone #