2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000089939

1. Entity Name
ALL-PRO WELDING OF S.W. FL., INC.

Principal Place of Business	Mailing Address
2035 MILLS LANE NAPLES, FL 34112	PO BOX 9914 NAPLES, FL 34101

DO NOT WRITE IN THIS SPACE

60009257

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0709782	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, JOHN W
2035 MILLS LANE
P.O. BOX 9914
NAPLES, FL 34101

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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, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIOTT, JOHN W
STREET ADDRESS	P.O. BOX 9914
CITY-ST-ZIP	NAPLES, FL 34101
TITLE	ST
NAME	ELLIOTT, MARSHA L
STREET ADDRESS	P.O. BOX 9914
CITY-ST-ZIP	NAPLES, FL 34101
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	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #