## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2004 08:00 AN Secretary of State DOCUMENT # P96000091182 HELI-ART WELDING, INC. Principal Place of Business Mailing Address 4399 SW CALAH CIR 4399 SW CALAH CIR PORT ST LUCIE, FL 34953 PORT ST LUCIE, FL. 34953 CR2E034 (10/03) 04052004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0710805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KENT, PATRICK DO NOT WRITE 4399 SW CALAH CIR PORT ST LUCIE, FL 34953 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, typoid or printed name of registered agent and title if applicable (NOTE, Registered Agopt signature required when reinstating) 000000116928 9. Election Campaign Financing 04/16/04-80084-018 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE KENT, PATRICK NAME STREET ADDRESS 4399 SW CALAH CIR CITY-ST-ZIP PORT ST LUCIE, FL 34953 ۷P TITLE NAME KENT, DIANE STREET ADDRESS 4399 SW CALAH CIR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34953 ME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-SY-71P TILLE STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-212

12. Thereby 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:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 772-336-8883

**FILED**