2004 FOR PROFIT CORPORATION

FILED Apr 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
DOCUMENT # P97000012223					Secreta	ry or state	
1. Entity Name			SE LET				
GRAHAMS WELDING & FABRICATION, INC.			3]			
		. 	fem with				
Principal Place of Business		Mailing Address					
94 READY AVE BLDG B-7 Fort Walton Beach, FL 32548		622 FAIRWAY AVE., N.E. FORT WALTON BEACH, FL 32547-1708					
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				59-342	4977		Applicable
				5. Certificate	of Status Desired	S8.75 Addita	onal
6. Name and Address of Current Registered Agent)	, <u>, , , , , , , , , , , , , , , , , , </u>		TO STATE OF THE ST
GRAHAM,	CHARLES F	-		n'i	RICYT 186	· · · · · · · · · · · · · · · · · · ·	ราชเมื่อใช้เปลี่
622 FAIRWAY AVE., N.E.					NOT W	, *	
FORT WALTON BEACH, FL 32547-1708				· IN 1	THIS SP	ACE	٠,
					and the second		
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent or bo	Yn in the State of Fin	tida. Lam familiar with ac	nd accept
the obligat	ions of registered agent.	, .,				The second section of the section of	na abocpi
SIGNATURE							
	Signature, typed or printed name of registered agent and	inter applicable. (NGTE: Register)	od Agent signature required	when reinstating)		DATE	
FIL After M:	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550,00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	<u> </u>	~;** <u>;</u> ***********	ńska sastanowanie konza		eren eren gen
TITLE	PD SPANNER STATE	* · · · · · · · · · · · · · · · · · · ·	377 7.3.3	** ** ** * * * * * * * * * * * * * * *	******	··· · · · · · · · · · · · · · · · · ·	
NAME Street Address	GRAHAM, CHARLES F 622 FAIRWAY AVE., N.E.] ·			••	
CHY-SI-ZIP	FORT WALTON BEACH, FL 3254	7			900000	1125316	
THLE	STD		Minimal of contribution	tu uz to formasik a ee st	«·04/22/04-		0.00
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes, if 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Daytime Phone #