


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000016366 1. Entity Name C & M CUSTOM WELDING, INC.	
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Principal Place of Business 1621 RIPLEY RUN WELLINGTON, FL 33414	Mailing Address 1621 RIPLEY RUN WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE

05012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0732611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROGINSKI, JOHN W
1621 RIPLEY RUN
WELLINGTON, FL 33414**

**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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS ROGINSKI, JOHN W 1621 RIPLEY RUN WELLINGTON, FL 33414
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: John W Roginski 5/1/04 561-357-7368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #