

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90004 032 ***150.00

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1. Entity Name

ARC ON WELDING, INC.



Principal Place of Business

5319 SUNWOOD RD
PANAMA CITY FL 32404

Mailing Address

5319 SUNWOOD RD
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3441890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUGGS, LARRY
5319 SUNWOOD RD
PANAMA CITY FL 32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME SUGGS, LARRY
STREET ADDRESS 20809 HURST RD
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE P ☐ Delete
NAME SUGGS, LARRY
STREET ADDRESS 7302 RESOTA LN.
CITY-ST-ZIP SOUTH PORT FL 32409

TITLE T ☒ Delete
NAME MCCUSKER, JAMES JR
STREET ADDRESS 266 SIMS AVE
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Suggs, Jason
STREET ADDRESS 20809 Hurst Rd
CITY-ST-ZIP Fountain, FL. 32438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Suggs, Kimberly
STREET ADDRESS 7302 Resota Ln.
CITY-ST-ZIP South Port, FL. 32409

TITLE ☐ Change ☒ Addition
NAME Hermon, Randy
STREET ADDRESS 2201 East 9th St.
CITY-ST-ZIP Panama City, FL. 32401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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:

Jason Suggs Jason Suggs V.P. 3-29-05 (850 7841832)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #