

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90004 004 ***150.00

DOCUMENT # P97000059347

1. Entity Name

C.G.M. MOBILE WELDING & FABRICATING INC.



Principal Place of Business

5881 NW 18 CT
SUNRISE FL 33313

Mailing Address

5881 NW 18 CT
SUNRISE FL 33313

2. Principal Place of Business - No P.O. Box #

5881 NW 18 Court

Suite, Apt. #, etc.

Sunrise, FL

City & State

33313 USA

Zip

Country

3. Mailing Address

5881 NW 18 Court

Suite, Apt. #, etc.

Sunrise, FL

City & State

33313 USA

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0766179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, CLYDE H
3772 NW 16 ST.
LAUDERHILL FL 33311

7. Name and Address of New Registered Agent

Name Williams, Clyde H

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

5881 NW 18 Court

Sunrise, FL 33313

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

Clyde Williams

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, 2008 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 ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, CLYDE H
CITY-ST-ZIP 5881 NORTHWEST 18 COURT
SUNRISE FL 33313

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, ELFREDA
CITY-ST-ZIP 5881 NORTHWEST 18 COURT
SUNRISE FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clyde Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Date

954-733-0409

Daytime Phone #