

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90012 026 ***150.00

DOCUMENT # P97000102962

1. Entity Name
H & S WELDING & MISC. IRON INC.



Principal Place of Business
**2760 HARTSFIELD ROAD
TALLAHASSEE, FL 32303**

Mailing Address
**2760 HARTSFIELD ROAD
TALLAHASSEE, FL 32303**

50030075

2. Principal Place of Business
484 Scott Circle
Suite, Apt. #, etc.

3. Mailing Address
484 Scott Circle
Suite, Apt. #, etc.



03042005 Chg-P CR2E034 (10/03)

City & State
Havana, FL
Zip
32333

City & State
Havana, FL
Zip
32333

4. FEI Number
59-3480766
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAFFER, HENRY B
2760 HARTSFIELD ROAD
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name
Shaffer, Henry B.
Street Address (P.O. Box Number is Not Acceptable)

484 Scott Circle

City
Havana **FL** Zip Code
32333

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHAFFER, HENRY
2760 HARTSFIELD RD 484 Scott Circle
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOOKER, LOUIS B
3120 BICYCLE RD
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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)(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: **Henry B. Shaffer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #