

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY -1 PM 4:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P97000102962

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



Principal Place of Business
**484 SCOTT CIRCLE
HAVANA, FL 32333**

Mailing Address
**484 SCOTT CIRCLE
HAVANA, FL 32333**



04302007 No Chg-P CR2E034 (11/05)

07

DO NOT WRITE IN THIS SPACE

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
484 SCOTT CIRCLE
HAVANA, FL 32333**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHAFFER, HENRY**
STREET ADDRESS **484 SCOTT CIRCLE**
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **VP**
NAME **HOOKE, LOUIS B**
STREET ADDRESS **7623 WOODVILLE HWY**
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**300102212963
05/11/07--01030--004 **150.00**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

850-539-8311

Daytime Phone #

HENRY B. SHAFFER