


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # P97000108332</b><br>1. Entity Name<br><b>WELDY CONSTRUCTION, INC.</b> |  |
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| Principal Place of Business<br><b>4191 SAN JUAN AVE<br/>JACKSONVILLE, FL 32210</b> | Mailing Address<br><b>6251 ORTEGA FARMS BLVD<br/>JACKSONVILLE, FL 32244</b> |
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01242007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number<br><b>59-3497680</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
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| 6. Name and Address of Current Registered Agent<br><br><b>VINING, SCOTT L<br/>1786 PROVIDENCE HOLLOW LANE<br/>JACKSONVILLE, FL 32223</b> |
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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.

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| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CDP<br/>WELDY, BRAD L<br/>4191 SAN JAUN AVE.<br/>JACKSONVILLE, FL 32210</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>WELDY, MARK<br/>1108 HERITAGE ESTATES TR C<br/>JACKSONVILLE, FL 32220</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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U00000722126  
05/02/07-80018-017 150.00

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.

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| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>2-21-07</b><br><small>Date</small> | <b>904 777-2815</b><br><small>Daytime Phone #</small> |
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