2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033446

City-St-Zip:

HOWEY IN THE HILLS, FL 34737

FILED Mar 05, 2008 Secretary of State

Entity Nar	ne: GUSTAF	SON WELDING, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
9621 SIDNEY HAYES RD STE. A ORLANDO, FL 32824			9621 SIDNEY HAY SUITE A ORLANDO, FL 32		
Current Mailing Address:			New Mailing Add	New Mailing Address:	
9621 SIDNEY HAYES RD. STE. A ORLANDO, FL 32824			SUITE A	9621 SIDNEY HAYES RD SUITE A ORLANDO, FL 32824	
FEI Number:	59-3504256	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
DESAI, AL 7087 GRAND NATIONAL DR STE 102 ORLANDO, FL 32819 US			1516 EAST COLOI SUITE 100-E	ALBERT C. EATON 1516 EAST COLONIAL DRIVE SUITE 100-E ORLANDO, FL 32803 US	
The above in the State	named entity s of Florida.	submits this statement for the po	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: ALBERT C. EATON				03/05/2008	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GUSTAFSON, Ó 23800 READING		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () KUHN, BROCTO 16525 HIGHLAN MONTVERDE, I	ID AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () GUSTAFSON, L		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLES W. GUSTAFSON, JR. PD 03/05/2008