


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
7 Jul 16, 2004 8:00 am
Secretary of State

07-06-2004 90004 043 ***550.00

DOCUMENT # P98000044183

1. Entity Name
CHARLES NORMAN WELDING, INC.



Principal Place of Business Mailing Address
617-1 LEE ROAD 617-1 LEE ROAD
JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07022004 Chg-P CR2E034 (10/03)

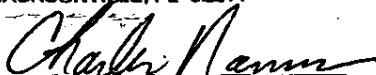
4. FEI Number
59-3437130

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COATES, IONA-K
1794 ROGERS COATES
JACKSONVILLE, FL 32211



7. Name and Address of New Registered Agent

Name **Charles Norman**

Street Address (P.O. Box Number is Not Acceptable)
617-1 Lee Road

City **Jacksonville** FL Zip Code **32225**

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: Charles Norman DATE: 7-2-04

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

FILE NUMBER FEE IS \$550.00
Due by September 8, 2004

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	<input type="checkbox"/> Delete
DP	NORMAN, CHARLES	617-1 LEE ROAD	JACKSONVILLE, FL 32225	<input type="checkbox"/>
S	NORMAN, DEBORAH	617-1 LEE ROAD	JACKSONVILLE, FL 32225	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Deborah Norman DATE: 7-2-04 DAYTIME PHONE: 904-725-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Norman