


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90010 003 ***150.00

DOCUMENT # P99000009440					
1. Entity Name ALLEN'S WELDING, INC.					
Principal Place of Business 4356 US HWY 90 WELLBORN FL 32094			Mailing Address 4356 US HWY 90 WELLBORN FL 32094		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3572446	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KUNZE, ALLEN C 4356 US HWY 90 WELLBORN FL 32094				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
B. 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KUNZE, ALLEN C 4356 US HIGHWAY 90 WELLBORN FL 32094 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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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: *Allen C. Kunze*

5/21/04 386-963-2338

ATTACHMENT
14022875
P99000009440

ALLEN'S WELDING, INC.
4356 US Hwy 90
Wellborn, FL 32094
May 21, 2004

386 963-2338

Fax 386 963-2329

Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Gentlemen:

Enclosed is check in the amount of \$150.00 fee for the annual report. This payment is late because of the bookkeeper been out of the office due to serious illness and death of a family member. If you would please waive the additional \$400.00 fee due to this situation, it would be greatly appreciated.

Thank you.

Allen C. Kunze
President

