

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P99000047705

1. Entity Name  
A-Z WELDING, INC.



**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
3641 15TH AVENUE S.W.  
NAPLES, FL 34117

Mailing Address  
3641 15TH AVENUE S.W.  
NAPLES, FL 34117



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3573635

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MADAFFER, RICK L  
3641 15TH AVENUE S.W.  
NAPLES, FL 34117

**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 *Ricky L. Madaffer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/15/05

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MADAFFER, RICK
STREET ADDRESS	3641 15TH AVENUE S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	D
NAME	MADAFFER, NORMA
STREET ADDRESS	3641 15TH AVENUE S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100070178532  
01/12/05-80029-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Ricky L. Madaffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricky L. MADAFFER

01/05/05 239-514-7199

Date

Daytime Phone #