


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 020 ***150.00

DOCUMENT # P99000081918

1. Entity Name
JNC WELDING & FABRICATING, INC.



Principal Place of Business
**3769 NW 126TH AVENUE
 CORAL SPRINGS, FL 33065**

Mailing Address
**3769 NW 126TH AVENUE
 CORAL SPRINGS, FL 33065**



04272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0948271

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HANLEY, DAVID F ESQ
 200 EAST LAS OLAS BLVD, STE #1800
 FORT LAUDERDALE, FL 33301**

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | PST |
| NAME | NOEL, JAMES R |
| STREET ADDRESS | 8701 NW 6TH COURT |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33071 |
| TITLE | VP |
| NAME | BONIFAZ, MISAEL |
| STREET ADDRESS | 3462 NORTHWEST 112TH WAY |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-28-08** Daytime Phone: **954-607-5080**