

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P99000083009 1. Entity Name HUNTER INDUSTRIAL WELDING, INC. | | <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED SEP -7 AM 10:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div> | |
| Principal Place of Business P.O. BOX 12221 BROOKSVILLE, FL 34603 | | Mailing Address P.O. BOX 12221 BROOKSVILLE, FL 34603 | |
| 2. Principal Place of Business P.O. Box 10897 Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 10897 Suite, Apt. #, etc. | |
| City & State Brooksville, FL | | City & State Brooksville, FL | |
| Zip 34603 | | Zip 34603 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3602191 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 08292005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent RINEHART, LISA P.O. BOX 10897 BROOKSVILLE, FL 34603 | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. <div style="text-align: right;"> 700059578767 09/13/05--01047--005 **70.00 </div> | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| Amended AR is \$61.25 | | 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 P NAME HUNTER, DANIEL STREET ADDRESS P.O. BOX 12221 CITY-ST-ZIP BROOKSVILLE, FL 34603 | <input checked="" type="checkbox"/> Delete | TITLE PRESIDENT NAME RINEHART, LISA STREET ADDRESS P.O. BOX 10897 CITY-ST-ZIP BROOKSVILLE, FL 34603 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VT NAME RINEHART, LISA STREET ADDRESS P.O. BOX 10897 CITY-ST-ZIP BROOKSVILLE, FL 34603 | <input type="checkbox"/> Delete | TITLE VP / T NAME Alicia E. Collins STREET ADDRESS 100 LUCAS DR CITY-ST-ZIP BROOKSVILLE, FL 34601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 8/29/05 (352) 799-4936 <small>Date Daytime Phone #</small> | |