


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90031 013 ***150.00

DOCUMENT # P99000089297	
1. Entity Name CREIGHTON WELDING SERVICE, INC.	

Principal Place of Business 1385 S.E. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953	Mailing Address 1385 S.E. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953
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50007788

2. Principal Place of Business 482 S. MARKET AVE. Suite, Apt. #, etc.	3. Mailing Address 482 S. MARKET AVE. Suite, Apt. #, etc.
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01152005 Chg-P CR2E034 (10/03)

City & State FORT PIERCE, FL	City & State FORT PIERCE, FL	4. FEI Number 65-0954274	Applied For <input type="checkbox"/> Not Applicable
Zip 34982	Country	Zip 34982	Country

6. Name and Address of Current Registered Agent CREIGHTON, GLORIA T 1385 S.E. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953	7. Name and Address of New Registered Agent Name CREIGHTON, GERALD T Street Address (P.O. Box Number is Not Acceptable) 482 S. MARKET AVE. City FORT PIERCE FL Zip Code 34982
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD CREIGHTON, GLORIA T 1385 SW BELLEVUE AVE PORT SAINT LUCIE, FL 34953 <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	VD CREIGHTON, GERALD L 1385 SW BELLEVUE AVE PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gerald T. Creighton* 1/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #