2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098089

Entity Name: MURPHY'S MOBILE WELDING & REPAIR, INC.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

624 BEAUTYREST AVE. PO BOX 37335

JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32236

Current Mailing Address: New Mailing Address:

PO BOX 66183 PO BOX 37335

JACKSONVILLE, FL 322456952 JACKSONVILLE, FL 32236

FEI Number: 36-4328668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MURPHY, JOHN W MURPHY, JOHN W 9044 MADISON AVENUE 8845ROSEHILLDRIVENOTH

JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32221 US

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.

SIGNATURE: JOHNNYMURPHY 05/03/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MURPHY, JOHN W MURPHY, JOHN W Name: Name: PO BOX 66183 PO BOX 37335 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32236

Title: VΡ (X) Delete Title: () Change () Addition

Name: MURPHY, DONNIE LEE Name: 8845 ROSEHILL DR. N. Address: Address: JACKSONVILLE, FL 32221 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

REED, DORTHY E Name: Name: 1115 SKYE DR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

WELLS, JIMMIE Name: Name: Address: 1201 SKYE DR. E. Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY MURPHY PRD 05/03/2004