2006 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

FILED Apr 05, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT #S13520 SIZEMORE WELDING INC. Principal Place of Business Mailing Address 205 N. BAY STREET 205 N. BAY STREET BUNNELL, FL 32110 BUNNELL, FL 32110 IJΣ 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3041124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIZEMORE, DUANE S. DO NOT WRITE 205 N. BAY STREET BUNNELL, FL 32110 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, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. DILE SIZEMORE, DUANE S. NAME H00000493414 04/20/06-80004-014 150.00 205 N. BAY ST. STREET ADDRESS CITY-ST-ZIP BUNNELL, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C/TY-S7-ZIP TITE NAME

12. I hereby certify that the information supplied with this filling 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.