


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90457 018 ***150.00

DOCUMENT # S14871	
1. Entity Name SARASOTA WELDING AND SUPPLY CO., INC.	

Principal Place of Business 1215 MANGO AVE SARASOTA FL 34237	Mailing Address 1215 MANGO AVE SARASOTA FL 34237
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2. Principal Place of Business 121 TRIPLE DIAMOND BLVD	3. Mailing Address 121 TRIPLE DIAMOND BLVD
Suite, Apt. #, etc. #14	Suite, Apt. #, etc. #14
City & State N. VENICE, FL	City & State N. VENICE, FL
Zip 34275	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0228717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRISH, WILLIAM F. 1215 MANGO AVE SARASOTA FL 34237	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 121 TRIPLE DIAMOND BLVD. #14 City N. VENICE FL Zip Code 34275	

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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	PD PARRISH, WILLIAM F. 1155 OLYMPIA VENICE FL 34293 <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	SD PARRISH, HEIDI 1155 OLYMPIA VENICE FL 34293 <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	V RODRIGUEZ, WILSON A 1289 RAMROD STREET NORTH PORT FL 34287 <input checked="" 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
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 exemptions contained in Section 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: William F. Parrish **4/10/06** **941-366-4437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #