2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 A Secretary of State **DOCUMENT # S32623** 1. Entity Name JAMES BROCK WELDING, INC. Mailing Address Principal Place of Business 3323 SWINDELL ROAD 3323 SWINDELL ROAD LAKELAND, FL 33805 LAKELAND, FL 33805 No Chg-P CR2E034 (11/05) 02192008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3050332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROCK, JAMES A. DO NOT WRITE 3323 SWINDELL ROAD LAKELAND, FL 33805 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE BROCK, JAMES NAME 5011 LEWELLYN RD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL U00000853244 03/26/08-80061-018 150.00 D TITLE BROCK, JAMES NAME 5011 LEWELLYN RD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 rith an address, with all other like empowered

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

> JAMESK. YPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED