

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S37772 1. Entity Name CAMPBELL WELDING SUPPLY, INC.	
--	---

Principal Place of Business 112 MOSLEY DR. LYNN HAVEN, FL 32444	Mailing Address 112 MOSLEY DR. LYNN HAVEN, FL 32444
---	---

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3052833	Assessed For Not Assessed
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAIN, NORMAN 1046 TECH DR LYNN HAVEN, FL 32444
--

**DO NOT WRITE
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: _____
Signature of the individual named as registered agent or the registered agent

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CAMPBELL, CHARLES D. 4339 SCHOONER LN LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY ST ZIP	D CAMPBELL, DEBORAH L. 4339 SCHOONER LN LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

1100000243493
02/25/05-80043-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 a letter be empowered.

SIGNATURE: Charles Campbell **2-24-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Report