## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37772

Address:

City-St-Zip:

3309 COWAN RD

PANAMA CITY, FL 32409

FILED Mar 24, 2009 Secretary of State

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Entity Name: CAMPBELL WELDING SUPPLY, INC.					
Current Principal Place of Business:			New Principal Place of	f Business:	
112 MOSL LYNN HAV	EY DR. 'EN, FL 32444				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
112 MOSL LYNN HAV	EY DR. 'EN, FL 32444				
FEI Number:	59-3052833	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CAIN, NORMAN 1046 TECH DR LYNN HAVEN, FL 32444 US			112 MOSLEY DRIVE	CAMPBELL, CHARLES D PRES 112 MOSLEY DRIVE LYNN HAVEN, FL 32444 US	
The above in the State	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CHARLES D CAMPBELL				03/24/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CAMPBELL, CH 4339 SCHOON LYNN HAVEN, F	ER LN	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () CAMPBELL II ,C 4339 SCHOONE LYNN HAVEN, F	ER LN	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	D ()	Delete HER T.	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: CHARLES D CAMPBELL PRES 03/24/2009