

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V18358

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** ALL FLORIDA ERECTORS & WELDING, INC.

**Current Principal Place of Business:**

145 E SANDPIPER ST  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1883  
APOPKA, FL 327041883 US

**New Mailing Address:**

P.O. BOX 1883  
APOPKA, FL 32704 US

**FEI Number:** 59-3111233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLICKINGER, MARTIN A.  
400 E SANDPIPER STREET  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FLICKINGER, MARTIN A.  
Address: 400 E SANDPIPER STREET  
City-St-Zip: APOPKA, FL 32712

Title: ST  
Name: FLICKINGER, JENNIFER J  
Address: 400 E SANDPIPER STREET  
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: MARTIN A. FLICKINGER

D

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date