

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 618129	
1. Entity Name WELDER SERVICES OF FLORIDA, INC.	



Principal Place of Business 4620 DYER BLVD. WEST PALM BEACH, FL 33407	Mailing Address 4620 DYER BLVD. WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1059513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LITZENBERG, DENNIS W. 12123 N EDGEWATER DR PALM BEACH GARDENS, FL 33410
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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 Dennis W. Litzenberg DATE 1-16-04

Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITZENBERG, DENNIS W 12123 N EDGEWATER DR PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KNIGHT, STEVE W 965 WHIPPERWILL ROAD WEST PALM BEACH, FL
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01/21/04-80011-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dennis W. Litzenberg DATE 1-19-04 DAYTIME PHONE # 561-848-5520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis W. Litzenberg