


2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # K72733 1. Entity Name H.B. WELDING, INC.	
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Principal Place of Business 418 PINE HILLS ROAD STE. 1 ORLANDO, FL 32811-1653	Mailing Address 418 PINE HILLS ROAD STE. 1 ORLANDO, FL 32811-1653
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED

06 MAR 14 AM 10:52

03/09/05 900591 025



03052006 REIN-P CR2E098 (11/05)

4. FEI Number 59-2934066	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 BOULER, HAROLD 418 PINE HILLS RD #1 ORLANDO, FL 32811	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS <input type="checkbox"/> Delete BOULER, HAROLD JR. 418 PINE HILLS RD STE.1 ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800068113788 03/20/06--01030--020 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BOULER, HAROLD JR. 418 PINE HILLS RD STE.1 ORLANDO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>B 3/17/04 05-06</i> REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold L Boul* 3/1/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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H.B. WELDING, INC.
418 PINEHILLS ROAD
ORLANDO FLORIDA 32811
407-295-0630

Mr Andy Dunlap
Division Of Corporations Reinstatement Section
P.O. Box 6327
Tallahassee Florida 32314

RE: Annual Report

This letter is to inform you that I never received the report that I sent in last year in march back for signature, I am enclosing a check for \$150.00 for 2006 and the check for last year which you have for \$150.00 will go towards my reinstatement, thank you for your help it is really appreciated.

Sincerely


Harold Boulter
President