

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K72733

Entity Name: H.B. WELDING, INC.

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

418 PINE HILLS ROAD  
STE. I  
ORLANDO, FL 328111653

**New Principal Place of Business:**

**Current Mailing Address:**

418 PINE HILLS ROAD  
STE. I  
ORLANDO, FL 328111653

**New Mailing Address:**

FEI Number: 59-2934066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOULER, HAROLD  
418 PINE HILLS RD #1  
ORLANDO, FL 32811 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVS  
Name: BOULER, HAROLD JR.  
Address: 418 PINE HILLS RD STE.I  
City-St-Zip: ORLANDO, FL

Title: TD  
Name: BOULER, HAROLD JR.  
Address: 418 PINE HILLS RD STE.I  
City-St-Zip: ORLANDO, FL

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: HAROLD BOULER

P

03/11/2010

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

\_\_\_\_\_  
Date