2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000005529

1. Entity Name
WELDER TECHNICIANS, INC.

Principal Place of Business	Mailing Address
720 NE 58 COURT FORT LAUDERDALE, FL 33334	720 NE 58 COURT FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0377998

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, RALPH H
720 NE 58 CT
FORT LAUDERDALE, FL 33334

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYNCH, RALPH H
STREET ADDRESS	720 NE 58 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	LYNCH, BETTY J
STREET ADDRESS	720 NE 58 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	WASHIO, CATHY A
STREET ADDRESS	P O BOX 8486
CITY-ST-ZIP	CORAL SPRINGS, FL 33075
TITLE	D
NAME	DOLAN, LINDA J
STREET ADDRESS	720 NE 58 COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80008-016-150.00

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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: Ralph A. Lynch Ralph A. Lynch 1-25-08 954-684-1008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #