

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090538

FILED  
Feb 06, 2004  
Secretary of State

**Entity Name:** CENTRAL FLORIDA WELDING SERVICES INC.

**Current Principal Place of Business:**

2967 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

**New Principal Place of Business:**

417 SPRING HAMMOCK CT.  
LONGWOOD, FL 32750 SE

**Current Mailing Address:**

2967 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

**New Mailing Address:**

417 SPRING HAMMOCK CT.  
LONGWOOD, FL 32750

**FEI Number:** 01-0741719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DURAPAU, LINDA O  
2967 LAKE HELEN OSTEEN ROAD  
DELTONA, FL 32738

**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: V ( ) Delete  
Name: DURAPAU, ROBERT O  
Address: 2967 LAKE HELEN OSTEEN ROAD  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

**SIGNATURE:** ROBERT O DURAPAU

V

02/06/2004

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

\_\_\_\_\_  
Date