

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090538

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA WELDING SERVICES INC.

**Current Principal Place of Business:**

417 SPRING HAMMOCK CT.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

417 SPRING HAMMOCK CT.  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 01-0741719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DURAPAU, LINDA O SECTARY  
1424 GALENA TERRACE  
DELTONA, FL 32725 US

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

DURAPAU, LINDA O SECRTRY  
1424 GALENA TERRACE  
DELTONA, FL 32725 US

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: LINDA O. DURAPAU

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: DURAPAU, ROBERT O VICE PR  
Address: 1424 GALENA TERRACE  
City-St-Zip: DELTONA, FL 32725

Title: SECR ( ) Delete  
Name: DURAPAU, LINDA O SECR  
Address: 1424 GALENA TERRACE  
City-St-Zip: DELTONA, FL 32725

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: TRES ( ) Change (X) Addition  
Name: DURAPAU, ROBERT O DURAPAU  
Address: 1424 GALENA TERRACE  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.P.

04/13/2009

Electronic Signature of Signing Officer or Director

Date