

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027449

FILED  
Feb 25, 2005  
Secretary of State

Entity Name: GOLDEN ARC WELDING, INC.

**Current Principal Place of Business:**

105 S INGRAHAM AVE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

105 S INGRAHAM AVE  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 34-1976806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAXWELL, TREVA N  
105 S INGRAHAM AVE  
TAVARES, FL 32778 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: DP ( ) Delete  
Name: MAXWELL, TREVA N  
Address: 105 S INGRAHAM AVE  
City-St-Zip: TAVARES, FL 32778

Title: DV ( ) Delete  
Name: MAXWELL, DEXTER J  
Address: 105 S INGRAHAM AVE  
City-St-Zip: TAVARES, FL 32778

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

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

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: TREVA MAXWELL

MRS

02/25/2005

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

\_\_\_\_\_ Date