

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028321

Entity Name: ARCO WELDING SERVICES, INC.

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

36800 CENTER AVE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

36800 CENTER AVE
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 20-2377085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLUSO, MARK A
36951 SR 54 WEST
ZEPHYRHILLS, FL 33541 US

Name and Address of New Registered Agent:

ASLESON, THOMAS E
36800 CENTER AVE
DADE CITY, FL 33525 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: THOMAS E ASLESON

03/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: ASELSON, THOMAS E
Address: 36800 CENTER AVE
City-St-Zip: DADE CITY, FL 33525

Title: VP () Delete
Name: ASELSON, MICHAEL A
Address: 36800 CENTER AVE
City-St-Zip: DADE CITY, FL 33525

Title: S/T (X) Delete
Name: ASELSON, THOMAS E
Address: 36800 CENTER AVE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASLESON, THOMAS E
Address: 36800 CENTER AVE
City-St-Zip: DADE CITY, FL 33525

Title: VP (X) Change () Addition
Name: ASLESON, MICHAEL
Address: 3525 FLORIDA RANCH BLVD
City-St-Zip: ZEPHYRHILLS, FL 33541

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 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: THOMAS E ASLESON

P

03/07/2006

Electronic Signature of Signing Officer or Director

Date