

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90037 006 \*\*\*150.00

**DOCUMENT # P97000073533**

1. Entity Name

PETE'S WELDING SERVICES INC.



Principal Place of Business

% MITCHELL A. SILVER & CO.  
P.O. BOX 22-3592  
HOLLYWOOD FL 33022-3592

Mailing Address

% MITCHELL A. SILVER & CO.  
P.O. BOX 22-3592  
HOLLYWOOD FL 33022-3592



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0778618

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KONDRACKI, MARJORIE  
2648 WILSON ST  
HOLLYWOOD FL 33022

7. Name and Address of New Registered Agent

Name

PETE KONDRACKI

Street Address (P.O. Box Number is Not Acceptable)

2648 WILSON ST

City

Hollywood

FL

33020

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

*Pete Kondracki*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/08

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME KONDIACKI, MARJORIE  
STREET ADDRESS 2648 WILSON ST  
CITY-ST-ZIP HOLLYWOOD FL 33022

TITLE ☐ Delete  
NAME KONDIOCKE, PETE  
STREET ADDRESS 2648 WILSON STREET  
CITY-ST-ZIP HOLLYWOOD FL 33022

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME KONDRACKI, MARJORIE  
STREET ADDRESS 2648 WILSON ST  
CITY-ST-ZIP Hollywood, FL 33020

TITLE ☒ Change ☐ Addition  
NAME ~~PETE~~ KONDRACKI, PETE  
STREET ADDRESS 2648 WILSON ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Pete Kondracki, Pres* 3/18/08 954-9220886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #