

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90107 008 ***158.75

DOCUMENT # 482852					
1. Entity Name WELKER MOM'S CRACKER BOX, INC.					
Principal Place of Business 16910 MCGREGOR BLVD FT MYERS, FL 33908			Mailing Address C/O JAMES M WELKER P O BOX 228 SANIBEL, FL 33957		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1635115	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELKER, JAMES M 2681 SANIBEL BLVD SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when remitting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WELKER, JAMES M 2681 SANIBEL BLVD SANIBEL, FL 33957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WELKER, JUDITH A 2681 SANIBEL BLVD SANIBEL, FL 33957		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James M. Welker</u> James M. Welker 7-13-07 239.472-2898 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

WELKER MOMS CRACKER BOX, INC. ATTACHMENT
C/O James M. Welker
P.O. Box 228
SANIBEL, FLA. 33957 # 40125593
Ref. No. H82852
July-13, 07

On July 3, 07 I called FLA. Dept. of State
Division of CORPORATIONS.

I talked to Kathy Ashton told her I did not
receive my renewal form for 2007.

On July 12, 07 I received the form -
Since I did not receive this form before
May 1, 07 I am asking for the fee to be
waiver of \$550.00 back to the original
\$150.00

Thank you
James M. Welker