FILED
Apr 26, 2006 8:00 am
Secretary of State
04-11-2006 90107 007 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H54907

1. Entity Name
WM. PAUL WELCH, C.P.A., P.A.

66011991

Principal Place of Business	Mailing Address
% WM. PAUL WELCH 31 WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548	% WM. PAUL WELCH 31 WALTER MARTIN ROAD FORT WALTON BEACH, FL 32548

04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
31 Walter Martin Rd N.E.	31 Walter Martin Rd N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach FL	City & State: Fort Walton Beach FL
Zip: 32548-4918 Country	Zip: 32548-4918 Country

4. FEI Number: 59-2522922 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, WM. PAUL
31 WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ — $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	DP WELCH, WM. PAUL 31 WALTER MARTIN ROAD FT. WALTON BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 31 Walter Martin Rd N.E. Ft. Walton Beach FL 32548-4918	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Wm Paul Welch 4/18/06 850-244-2731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #