

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70329

Entity Name: JOHN P. WELCH, P.A.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

900 NORTH PALAFOX STREET.
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

900 NORTH PALAFOX STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-2562557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, JOHN P
900 NORTH PALAFOX STREET
PENSACOLA, FL 32502 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: PD () Delete
Name: WELCH, JOHN P. ESQUIR
Address: 241 DATURA STREET
City-St-Zip: PENACOLA, FL

Title: VSD () Delete
Name: WELCH, JOHN P.,
Address: 241 DATURA ST.
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELCH, JOHN P. ESQUIR
Address: 241 DATURA STREET
City-St-Zip: PENACOLA, FL 32503

Title: VSD (X) Change () Addition
Name: WELCH, JOHN P.,
Address: 241 DATURA ST.
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify 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: JOHN P. WELCH

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

Date