


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L03260	
1. Entity Name WELS STONE CORPORATION	

Principal Place of Business C/O E. L. ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401	Mailing Address C/O E. L. ECCLESTONE, JR. 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401
--	--

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0133075	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ECCLESTONE, E. L. J 1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP ECCLESTONE, E.L. JR. 1555 PALM BCH LAKES BLVD WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVT COOPER, RON 1555 PALM BEACH LKS BLVD W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GAMMON, NANNETTE 1555 PALM BCH LKS BVD W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000104080
04/05/04-80082-021 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Ron Cooper** **4/1/04** **561/686-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #