


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90027 018 ***150.00

DOCUMENT # P00000104227

1. Entity Name
D S WELSH, INC.



Principal Place of Business
27725 IMPERIAL STREET
BONITA SPRINGS, FL 33923

Mailing Address
27725 IMPERIAL STREET
BONITA SPRINGS, FL 33923

2. Principal Place of Business
22170 Lucky Lee LA

3. Mailing Address
22170 Lucky Lee LA

Suite, Apt. #, etc.

City & State
ALVA FL.

City & State
ALVA FL.

Zip
33920

Country
USA

Zip
33920

Country
USA

6. Name and Address of Current Registered Agent
WELSH, SUSAN
27725 IMPERIAL STREET
BONITA SPRINGS, FL 33923

22170 Lucky Lee LA
ALVA FL
33920

50023083



07142006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1048435

Applied For
Not Applicable

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

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's signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSH, SUSAN 27725 IMPERIAL STREET BONITA SPRINGS, FL 33923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition None
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSH, DAVID 27725 IMPERIAL STREET BONITA SPRINGS, FL 33923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 David L. Welsh 7-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone