


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90026 048 \*\*\*150.00

<b>DOCUMENT # P01000040454</b> 1. Entity Name <b>BOB WELNIAK, INC.</b>																			
Principal Place of Business <b>430 FLESHMAN DRIVE 730 Spring Lake Rd</b> <b>DESTIN, FL 32541 DeFuniak Springs, FL 32433</b>		Mailing Address <b>430 FLESHMAN DRIVE 730 Spring Lake Rd</b> <b>DESTIN, FL 32541 DeFuniak Springs, FL 32433</b>																	
2. Principal Place of Business - No P.O. Box # <b>730 Spring Lake Rd</b>		3. Mailing Address <b>730 Spring Lake Rd</b>																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																	
City & State <b>DeFuniak Springs, FL</b>		City & State <b>DeFuniak Springs, FL</b>																	
Zip <b>32433</b>		Zip <b>32433</b>																	
Country <b>Walton</b>		Country <b>Walton</b>																	
4. FEI Number <b>59-3719581</b>		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <b>WELNIAK, ROBERT M</b> <b>430 FLESHMAN DRIVE 730 Spring Lake Rd</b> <b>DESTIN, FL 32541 DeFuniak Springs, FL 32433</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>WELNIAK, ROBERT M</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>430 FLESHMAN DRIVE 730 Spring Lake Rd</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DESTIN, FL 32541 DeFuniak Springs, FL 32433</b></td> </tr> </table>		TITLE	D <input type="checkbox"/> Delete	NAME	<b>WELNIAK, ROBERT M</b>	STREET ADDRESS	<b>430 FLESHMAN DRIVE 730 Spring Lake Rd</b>	CITY-ST-ZIP	<b>DESTIN, FL 32541 DeFuniak Springs, FL 32433</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-19-07 850-496-5525**