

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 26 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007898

1. Entity Name
WELSBY, INC.



Principal Place of Business
1290 MIMOSA COURT
MARCO ISLAND, FL 34145

Mailing Address
1290 MIMOSA COURT
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262004

Chg-P

CR2E034 (10/03)

4. FEI Number
41-2037994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFF, CASEY ESQ.
801 ANCHOR RODE DR., STE. 203
NAPLES, FL 34103

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, 2004 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WELSBY, M.H. SR	1290 MIMOSA COURT	MARCO ISLAND, FL 34145				
VSTD	WELSBY, MICHAEL JR	1290 MIMOSA COURT	MARCO ISLAND, FL 34145	VSD	Welsby, Michael Jr.	1290 Mimosa Court	Marco Island, FL 34145
TD				TD	Welsby, Mark	1290 Mimosa Court	Marco Island, FL 34145

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael H. Welsby, Pres. 1/26/04