


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

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| DOCUMENT # P02000103870 1. Entity Name WELCH SERVICES, INC. |  |
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| Principal Place of Business 1372 BLOUNTSTOWN HWY D TALLAHASSEE, FL 32304 | Mailing Address PO BOX 2532 TALLAHASSEE, FL 32316 |
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04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3426618 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WELCH, TERESA 1372 BLOUNTSTOWN HWY D TALLAHASSEE, FL 32304 |
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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 (if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1000000550896
05/13/06-80073-019 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WELCH, TERESA 1372 D BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SKIPPER, MELISSA 1372 D BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 |
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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 all other like empowered

SIGNATURE: Melissa Skipper Melissa Skipper 4/10/06 224-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #