

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-25-2005 90106 006 \*\*\*150.00  
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05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000108106					
1. Entity Name WELTRANS, INC.					
Principal Place of Business 106 LUCKY WORLD CT. EAST DAVENPORT, FL 33897			Mailing Address 106 LUCKY WORLD CT. EAST DAVENPORT, FL 33897		
2. Principal Place of Business <i>106 Lucky World CTE</i> Suite, Apt. #, etc.			3. Mailing Address <i>106 Lucky World CTE</i> Suite, Apt. #, etc.		
City & State <i>Davenport FL</i>		City & State <i>Davenport FL</i>		4. FEI Number 75-3091252	
Zip <i>33897</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELSING, NORBERT J 106 LUCKY WORLD CT. EAST DAVENPORT, FL 33897				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 <i>Norbert J. Welsing</i> DATE <i>07-15-2005</i>					
<div> <div>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	O	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELSING, NORBERT J		NAME		
STREET ADDRESS	106 LUCKY WORLD CT. EAST		STREET ADDRESS		
CITY - ST - ZIP	DAVENPORT, FL 33897		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Norbert J. Welsing</i> DATE: <i>07-15-2005</i> 8635216861					