

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90056 048 ***150.00

DOCUMENT # P03000105810					
1. Entity Name WELBUILT CONSTRUCTION INC					
Principal Place of Business 13418 AMBERWOOD STREET HUDSON, FL 34669-2400 US			Mailing Address 13418 AMBERWOOD STREET HUDSON, FL 34669-2400 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0251685	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRISTINE M BIGELOW CPA PA 6630 EMBASSY BLVD B PORT RICHEY, FL 34668-4737			7. Name and Address of New Registered Agent Name Tara M. O'Connor, Esquire Street Address (P.O. Box Number is Not Acceptable) O'Connor Law Group, P.A. 9735 U.S. 19, Suite 2 City Port Richey FL 34668		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> DATE 2-21-06 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SCHICKLEY, CHARLES W JR 13418 AMBERWOOD STREET HUDSON, FL 346692400	<input type="checkbox"/> Delete			
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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:		2/22/06 (127) 243-7077			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			