

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90039 004 ***150.00

DOCUMENT # P03000143291

1. Entity Name

AL WELCH, INC.



Principal Place of Business

2230 HWY 70 E
ARCADIA FL 34266

Mailing Address

2230 HWY 70 E
ARCADIA FL 34266

54027599



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2230 HWY 70 E

Suite, Apt. #, etc.

3. Mailing Address

2230 HWY 70 E

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip
34266

Country
USA

City & State

ARCADIA, FL

Zip
34266

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELCH
WELCH, AL
2230 HWY 70 E
ARCADIA FL 34266

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

Make Check Payable to Florida Department of State

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	DP	<input type="checkbox"/> Delete
NAME	WELCH, AL	
STREET ADDRESS	2230 HWY 70 E	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WELCH, JEANNE	
STREET ADDRESS	2230 HWY 70 E	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
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:

AL WELCH - *AL Welch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-04

Date

Daytime Phone #