


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025744 1. Entity Name WELCH MASONRY, INC.		
Principal Place of Business 4795 CHUMUCKLA HIGHWAY PACE, FL 32571 US	Mailing Address 4795 CHUMUCKLA HIGHWAY PACE, FL 32571 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WELCH, ROBERT 4165 RAVENWOOD DR PACE, FL 32571		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, ROBERT 4795 CHUMUCKLA HIGHWAY PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JAMES 5687 RIDGE AVENUE MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>James Welch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-27-06 <small>Date</small> <small>Daytime Phone #</small>



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0613044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/08/06-R0068-024 150.00

**DO NOT WRITE
IN THIS SPACE**