2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000025744

1. Entity Name
WELCH MASONRY, INC.

Principal Place of Business

5687 RIDGE AVENUE MILTON, FL 32583 US

Mailing Address

5687 RIDGE AVENUE MILTON, FL 32583 FILED Feb 06, 2008 08:00 AM Secretary of State



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01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0613044

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, ROBERT 659 GRISWALD ROAD JAY, FL 32565

DO NOT WRITE IN THIS SPACE

i											
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 arginature required when reinstating) DATE											
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	in the second se						
10.	OFFICERS AND DIREC	CTORS									
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D WELCH, ROBERT 659 GRISWALD ROAD JAY, FL 32565			U00000817409 02/15/08-80001-016 150.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JAMES 5687 RIDGE AVENUE MILTON, FL 32583										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE								
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.											

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR