



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90072 012 ***150.00

DOCUMENT # P04000169690 1. Entity Name BETH WELSH, P.A.																	
Principal Place of Business 52 FIRETHORN LANE PALM COAST, FL 32137			Mailing Address 52 FIRETHORN LANE PALM COAST, FL 32137														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country															
02242005 Chg-P CR2E034 (10/03)		4. FEI Number 20-2027234		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Name and Address of Current Registered Agent WELSH, RUTH E 52 FIRETHORN LANE PALM COAST, FL 32137															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		9. 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) DATE</small>															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 70%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div> P WELSH, RUTH E 52 FIRETHORN LANE PALM COAST, FL 32137 </div> <input type="checkbox"/> Delete </div> </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div></td></tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> P WELSH, RUTH E 52 FIRETHORN LANE PALM COAST, FL 32137 </div> <input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"><div></div><input type="checkbox"/> Delete</div>
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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>Ruth E. Welsh</i> (Ruth Welsh) X 3/30/05 386-627-1530 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>															