

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04872 1. Entity Name PAUL WELCH, INC.	
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Principal Place of Business 1984 S.W. BALMORE ST. SUITE 114 PORT ST. LUCIE, FL 34984 US	Mailing Address 1984 S.W. BALMORE ST. SUITE 114 PORT ST. LUCIE, FL 34984 US
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03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2450159	Applied For ☐ Not Applicable
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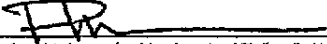
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WELCH, PAUL
9885 PERFECT DRIVE
PORT SAINT LUCIE, FL 34986**

**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 

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

MAR 14 2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT WELCH, PAUL 9885 PERFECT DRIVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELCH, PAUL 9885 PERFECT DRIVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WELCH, PAUL 9885 PERFECT DRIVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/06-80021-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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: **PAUL WELCH, PRES.** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 14 2006

DATE

Daytime Phone #

(772) 3705092