

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90152 001 ***150.00

DOCUMENT # P06000085199 1. Entity Name WELCH PRECISION REMODELING, INC.					
Principal Place of Business 1490 ROSETREE CT CLEARWATER, FL 33764			Mailing Address 1490 ROSETREE CT CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box # 1490 ROSETREE CT. Suite, Apt. #, etc.		3. Mailing Address 1490 ROSETREE CT. Suite, Apt. #, etc.			
City & State CLEARWATER FL Zip 33764		City & State CLEARWATER FL Zip 33764		4. FEI Number 57-1238626	
Country FLORIDA		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYONS, GARY W 331 S MISSOURI AVE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name CAROL Y. RICHARDSON, CA Street Address (P.O. Box Number is Not Acceptable) 9375 US HWY 19 N City PINELLAS PARK FL Zip Code 33782		
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 <u><i>Carol Y. Richardson</i></u> DATE <u>4/13/07</u> <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, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WELCH, LARRY K 1490 ROSETREE CT CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Larry K. Welch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/13/07</u> Daytime Phone # <u>727-492-8602</u>		