


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000068144
 1. Entity Name
 WELSCH ENTERPRISES, INC.



Principal Place of Business _____ Mailing Address _____
 1626 NORTH U.S. 1 1626 NORTH U.S. 1
 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE



03252005 No Chg-P CR2E034 (10/03)
 4. FEI Number 59-3269115 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent
 WELSCH, JON J
 11 WINCHESTER ROAD
 ORMOND BEACH, FL 32174

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WELSCH, JON J
STREET ADDRESS	11 WINCHESTER ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	WELSCH, CHRISTOPHER J
STREET ADDRESS	11 WINCHESTER ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	WELSCH, FRANK P
STREET ADDRESS	11 WINCHESTER ROAD
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000321270
 04/21/05-80072-008 150.00
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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)(f), 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: Jon J. Welsch 4/18/05 386-677-1676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #