

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000005589

1. Entity Name
WELSH ENTERPRISES, INC.



Principal Place of Business

1952 NW 93RD AVENUE
MIAMI, FL 33172 US

Mailing Address

C/O TRITRONICS
1306 CONTINENTAL DR
ABINGDON, MD 21009 US



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0551310

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STOKES, PAUL M
201 S BISCAYNE BLVD SUITE 2400
MIAMI, FL 33131

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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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
DVP
WAGNER, KIMBERLY L
1603 ROLLING ROAD
BEL AIR, MD 21014

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
SCARFF, JAMES W
7 ZELDA COURT
WHITEHALL, MD 21161

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
WILLIAMS, RANDY M SR
1835 MIDSUMMER LANE
JARRETTSVILLE, MD 21084

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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02/16/04-80111-013 150.00

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IN THIS SPACE**

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: *Kimberly L. Wagner* VP *Kimberly L. Wagner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/04 *676-7300* *X1211*