

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90012 050 ***150.00

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1. Entity Name
WELTON & WILLIAMSON, P.A.

Principal Place of Business
**1020 S. FERDON BLVD.
THE MADISON BLDG.
CRESTVIEW, FL 32536**

Mailing Address
**1020 S. FERDON BLVD.
THE MADISON BLDG.
CRESTVIEW, FL 32536**



2. Principal Place of Business
1020 Ferdon Blvd. S.

3. Mailing Address
1020 Ferdon Blvd. S.

01152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
The Madison Bldg

Suite, Apt. #, etc.
The Madison Bldg

4. FEI Number
59-3354501

City & State
Crestview FL

City & State
Crestview FL

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

Zip Country
32536 U.S.A.

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32536 U.S.A.

6. Name and Address of Current Registered Agent
**WILLIAMSON, WELTON PA
1020 S. FERDON BLVD.
CRESTVIEW, FL 32536**

7. Name and Address of New Registered Agent
Name **Welton & Williamson, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1020 Ferdon Blvd South
City **Crestview** FL Zip Code **32536**

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 **A Wayne Williamson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-04
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	PD WELTON, MARK H 1020 FERDON BLVD S CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMSON, A WAYNE 1020 FERDON BLVD S CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President A. Wayne Williamson 1020 Ferdon Blvd. South Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Mark H. Welton 1020 Ferdon Blvd. South Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: **A Wayne Williamson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04
Date

682-2120
Daytime Phone #