

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059570

FILED  
Mar 24, 2004  
Secretary of State

Entity Name: WELKER BROTHERS MARKETING, INC.

**Current Principal Place of Business:**

1087 PLYMOUTH-SORRENTO ROAD  
PLYMOUTH, FL 32768

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1235  
PLYMOUTH, FL 32768 US

**New Mailing Address:**

FEI Number: 59-3392637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, LAWRENCE H  
341 N. MAITLAND AVENUE #120  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: WELKER, JEFFREY M.  
Address: 1129 ORANGE BLVD  
City-St-Zip: LAKE MARY, FL

Title: S ( ) Delete  
Name: WELKER, RICHARD P. JR.  
Address: 1282 DEER LAKE CIR  
City-St-Zip: APOPKA, FL

Title: P ( ) Delete  
Name: WELKER, DEBORAH D  
Address: 1282 DEERLAKE CIRCLE  
City-St-Zip: APOPKA, FL

Title: VP ( ) Delete  
Name: WELKER, LINDA W  
Address: 1129 ORANGE BLVD.  
City-St-Zip: LAKE MARY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH WELKER

PRES

03/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date