

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106310

Entity Name: WELGE ENTERPRISES, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

1894 SEA GRAPE WAY
DAYTONA BEACH, FL 32128

New Principal Place of Business:

Current Mailing Address:

1894 SEA GRAPE WAY
DAYTONA BEACH, FL 32128

New Mailing Address:

FEI Number: 59-3613879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTT, JAMES
1894 SEA GRAPE WAY
PORT ORANGE, FL 32128 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: PSD () Delete
Name: WELGE, CURTIS D
Address: 11196 AVA RD
City-St-Zip: AVA, IL 62907

Title: VTD () Delete
Name: WELGE, DEBRA K
Address: 11196 AVA RD
City-St-Zip: AVA, IL 62907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WELGE, CURTIS D
Address: 2096 TRIAD RD
City-St-Zip: SAINT JACOB, IL 622811114

Title: VTD (X) Change () Addition
Name: WELGE, DEBRA K
Address: 2096 TRIAD RD
City-St-Zip: SAINT JACOB, IL 622811114

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: CURTIS D WELGE

P

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date