


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000109624</b>	
1. Entity Name <b>WELAKA MANAGEMENT CORPORATION</b>	

Principal Place of Business <b>122 BEECHERS PT. DR. WELAKA, FL 32193 US</b>	Mailing Address <b>P.O. BOX 629 WELAKA, FL 32193 US</b>
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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0969821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SHEPARD, PATRICIA 122 BEECHERS PT DR WELAKA, FL 32193</b>
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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000787060</b> <b>01/17/08-80064-024 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SHEPARD, ROBERT 122 BEECHERS PT. DR. WELAKA, FL 32193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHEPARD, PATRICIA 122 BEECHERS PT. DR. WELAKA, FL 32193</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Patricia Shepard** 1/15/08 386-467-0024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #