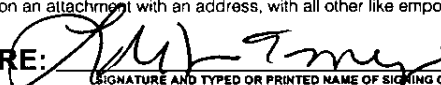


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 015 ***150.00

DOCUMENT # H17816 1. Entity Name WELLBAUM & EMERY, P.A.					
Principal Place of Business 686 N INDIANA AVE ENGLEWOOD, FL 34223 US			Mailing Address 686 N INDIANA AVE ENGLEWOOD, FL 34223 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2440710	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLBAUM EMERY, LORI 686 N INDIANA AVE ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 2-7-08	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WELLBAUM, R W JR 686 N INDIANA AVENUE, STE A ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Emery, Lori W 686 N. Indiana Ave., Suite A Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WOLFF, LORI W 686 N. INDIAN AVE. SUITE A ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emery, Lori W 686 N. Indiana Ave., Suite A Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WOLFF, LORI W 686 N. INDIAN AVE. SUITE A ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emery, Lori W 686 N. Indiana Ave., Suite A Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WOLFF, LORI W 686 N. INDIAN AVE. SUITE A ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emery, Lori W 686 N. Indiana Ave., Suite A Englewood, FL 34223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WOLFF, LORI W 686 N. INDIAN AVE. SUITE A ENGLEWOOD, FL 34223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emery, Lori W 686 N. Indiana Ave., Suite A Englewood, FL 34223	
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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: 			DATE: 2-7-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		