

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90040 006 ***150.00

DOCUMENT # P03000018431 1. Entity Name MONICA S WELLMAKER, C.P.A., P.A.					
Principal Place of Business 1500 14TH AVE, STE B VERO BEACH, FL 32960			Mailing Address 1500 14TH AVE, STE B VERO BEACH, FL 32960		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				4. FEI Number 16-1652811	
6. Name and Address of Current Registered Agent WELLMAKER, MONICA 1500 14TH AVE, STE B VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WELLMAKER, MONICA 6235 7TH LANE VERO BEACH, FL 32968	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELLMAKER, PHILLIP E 6235 7TH LANE VERO BEACH, FL 32968	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <i>Monica S Wellmaker Resident</i> 3/8/04 7725623663					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94028345



03042004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable