

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143884

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** W. G. WELLES, IV ENTERPRISES, INC.

**Current Principal Place of Business:**

3779 SE COUNTY ROAD 760  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

3779 SE COUNTY ROAD 760  
ARCADIA, FL 34266 US

**New Mailing Address:**

PO BOX 1179  
ARCADIA, FL 34265

**FEI Number:** 20-5898320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALDRON, EUGENE E JR.  
124 NORTH BREVARD AVENUE  
ARCADIA, FL 34266 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WELLES, W. G IV  
Address: 3779 SE COUNTY ROAD 760  
City-St-Zip: ARCADIA, FL 34266 US

Title: ST  
Name: WELLES-JONES, TARA  
Address: PO BOX 1179  
City-St-Zip: ARCADIA, FL 34265

I hereby 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 all other like empowered.

SIGNATURE: TARA WELLES JONES

SEC

02/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date