

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055173

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** WELLS ENTERPRISES - ITNOC, INC.

**Current Principal Place of Business:**

10744 GRAYSON CT  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

10744 GRAYSON CT  
JACKSONVILLE, FL 32220

**New Mailing Address:**

FEI Number: 26-2568421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: TSD  
Name: WELLS, LARRY  
Address: 10744 GRAYSON CT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: PD  
Name: WELLS, ELAINE  
Address: 10744 GRAYSON CT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D  
Name: WELLS, WILLIAM  
Address: 6135 FLICKER AVE  
City-St-Zip: JACKSONVILLE, FL 32219

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: LARRY WELLS

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

TSD

04/29/2012

\_\_\_\_\_  
Date