

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000143884

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC9865262955**

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

**Current Principal Place of Business:**

2880 SE HANSEL AVE. ( NO RECEPACLE)  
PO BOX 1179  
ARCADIA, FL 34265

**Current Mailing Address:**

PO BOX 1179  
ARCADIA, FL 34265

**FEI Number:** 20-5898320

**Certificate of Status Desired:** No

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

WALDRON, EUGENE EJR.  
124 NORTH BREVARD AVENUE  
ARCADIA, FL 34266 US

*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

**Officer/Director Detail :**

Title	P	Title	ST
Name	WELLES-JONES, TARA	Name	HALE, LESLIE WELLES
Address	PO BOX 1179	Address	P.O. BOX 605
City-State-Zip:	ARCADIA FL 34265	City-State-Zip:	ARCADIA FL 34265
Title	V		
Name	ANDERSON, AMY WELLES		
Address	436 CR 410		
City-State-Zip:	OKOLONA MS 38860		

*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

**PRESIDENT**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date