


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 169154 1. Entity Name WELLS MOTOR CO		
Principal Place of Business 1600 US 27 S AVON PARK, FL 33825 US	Mailing Address 1600 US 27 S AVON PARK, FL 33825 US	



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0700426	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**WELLS, STANLEY H.
1600 US 27 S
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WELLS, KENNETH S. 2600 W. SEVILLE DR. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, JANE H LAKE LILLIAN DR. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, STANLEY H AZALIA DR AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, KENNETH R LAKE LILLIAN DR. AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, SARAH J 2435 LAKE LILLIAN DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000568606
07/07/06-80017-007 550.00

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, without other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-06 863 453-6644
Date Daytime Phone #