


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 342554</b> 1. Entity Name JIM WELLS & ASSOC., INC.	
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Principal Place of Business 110 E. WRIGHT ST. P.O. BOX 7064 PENSACOLA, FL 32501 US	Mailing Address 110 E. WRIGHT ST. PENSACOLA, FL 32501 US
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**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1235730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WELLS, JAMES E II 3211 CREEKWOOD DRIVE CANTONMENT, FL 32533	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PED WELLS, JAMES E 2663 SHERRILANE DR. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WELLS, ROSE M 2663 SHERRILANE DR. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WELLS, JAMES E., II 3211 CREEKWOOD DRIVE CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WADE, BILLY 1701 BLANC LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/01/04-80035-006 150.00

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/25/04 (850) 432-0479</b> <small>Date Daytime Phone</small>
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