

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90070 023 \*\*\*150.00

**DOCUMENT # 459609**

1. Entity Name  
**T.E. WELLS & CO.**



Principal Place of Business  
**600 SAGAMORE ROAD  
FT. LAUDERDALE, FL 33301**

Mailing Address  
**600 SAGAMORE ROAD  
FT. LAUDERDALE, FL 33301**

**24000516**



2. Principal Place of Business

3. Mailing Address

01062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1573463**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALECEK, JOSEPH E.  
600 SAGAMORE ROAD  
FT. LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **WELLS, THOMAS E., JR.**  
STREET ADDRESS **633 SOLAR DRIVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **VD** ☒ Delete  
NAME **WELLS, PRESTON A JR.**  
STREET ADDRESS **600 SAGAMORE ROAD**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **SD** ☐ Delete  
NAME **GIRAUD, PATRICIA O**  
STREET ADDRESS **11965 SW 15TH COURT**  
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE **DT** ☐ Delete  
NAME **MALECEK, JOSEPH E**  
STREET ADDRESS **818 S. E. 4TH ST**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE **AS** ☐ Delete  
NAME **ULMER, MARILYN**  
STREET ADDRESS **818 SE 4TH ST**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **PD** ☐ Delete  
NAME **ULMER, JAMES I**  
STREET ADDRESS **818 SE 4TH ST**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE **D** ☐ Change ☒ Addition  
NAME **WELLS, THOMAS E.**  
STREET ADDRESS **1015 WOODBINE PLACE**  
CITY-ST-ZIP **LAKE FOREST, IL. 60045**

TITLE **D** ☐ Change ☒ Addition  
NAME **KENNEY, BARBARA**  
STREET ADDRESS **16245 SE 31ST ST.**  
CITY-ST-ZIP **BELLEVUE, WASH. 98008**

TITLE **D** ☐ Change ☒ Addition  
NAME **MC CURTHERN, SHAW JR.**  
STREET ADDRESS **2100 NW 30TH ROAD**  
CITY-ST-ZIP **BOCA RATON, FL. 33431**

TITLE **D** ☐ Change ☒ Addition  
NAME **WELLS, SUSAN**  
STREET ADDRESS **607 NE 16TH TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33304**

TITLE **VP** ☒ Change ☐ Addition  
NAME **WELLS, BARBARA S.**  
STREET ADDRESS **505 MOLA AVE**  
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33301**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH E. MALECEK**

DATE

**1/6/04**

Daytime Phone #