

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90014 050 ***150.00

DOCUMENT # 537743

1. Entity Name
PETER S. WELLS CO., INC.



Principal Place of Business
**124 TEQUESTA HBR. DR.
MERRITT ISLAND, FL 32952**

Mailing Address
**P.O. BOX 1566
COCOA, FL 32923**

40046757



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1745691

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WELLS, PETER S
124 TEQUESTA HBR DR
MERRITT ISLAND, FL 32952**

**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 
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-14-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME **WELLS, PETER S**
STREET ADDRESS **124 TEQUESTA HBR DR**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE D
NAME **JENSEN, WAYNE**
STREET ADDRESS **100 S.W. 15TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL,**

TITLE D
NAME **WELLS, ANNE**
STREET ADDRESS **124 TEQUESTA HBR DR**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE T
NAME **WELLS, PETER S**
STREET ADDRESS **124 TEQUESTA HBR DR**
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-08

Daytime Phone #