

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 047 ***150.00

DOCUMENT # 586027 1. Entity Name M. WELLS, INC.					
Principal Place of Business 5919-3 COMMONWEALTH AVE JACKSONVILLE, FL 32254 US			Mailing Address P.O. BOX 7950 ✓ JACKSONVILLE, FL 32238-0950 US		
2. Principal Place of Business - No P.O. Box, # 5512 Wesconnett Blvd.		3. Mailing Address _____			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State Jacksonville, FL		City & State _____		4. FEI Number 59-1844716	
Zip 32244		Country _____		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07152008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WELLS, MICHAEL I 24685 NW 22ND AVE LAWTEY, FL 32058			7. Name and Address of New Registered Agent Name Michael I. Wells Street Address (P.O. Box Number is Not Acceptable) 6043 Malcone Lane City Jacksonville FL Zip Code 32244		
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 <u><i>Michael I. Wells</i></u> DATE <u>7-21-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WELLS, MICHAEL I 24685 NW 22ND AVE LAWTEY, FL 32058		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Michael I. Wells 6043 Malcone Lane Jacksonville, FL 32244	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Michael I. Wells</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7-21-08</u> <small>Date Daytime Phone #</small>		