

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90470 022 ***150.00

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1. Entity Name
WELLINGTON SHIELD SERVICES LIMITED, INC.



Principal Place of Business
**700 11TH STREET SOUTH
PENTHOUSE 2
NAPLES, FL 34102-6777**

Mailing Address
**700 11TH STREET SOUTH
PENTHOUSE 2
NAPLES, FL 34102-6777**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0382250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~YOUNG, DAVID E
700 11TH STREET S.
NAPLES, FL 34102-6777~~

*Wellington Shield, INC
700 Eleventh Street South
PH.2
Naples, Florida 34102-6777*

**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 *Thomas K. Tyrrell*
Signature, typed or printed name of returning agent or officer or director (if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

April 25, 2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**D
TYRRELL, THOMAS K
48 UPPER DRUMCONDRA RD.
DUBLIN 9 IRELAND,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DARR, JAMES J
12 SAWMILL LANE
GREENWICH, CT**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OLIVER, DANIEL
3105 WOODLEY ROAD NW
WASHINGTON, DC**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KATZ, MARTIN J
MERTON CROFT THE CROFTS
CASTLETOWN ISLE OF MAN,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MACDONALD, KIM
9 PRINCESS STREET
AUCKLAND, NEW ZEALAND,**

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 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 Section 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas K. Tyrrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(239) 450-4306
TK4 TYRRELL 25 APR 05 4306*