

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000002651

1. Entity Name

WELLS CARGO, INC.



Principal Place of Business

1503 MCNAUGHTON ST
ELKHART, IN 46510

Mailing Address

1503 MCNAUGHTON ST
ELKHART, IN 46510



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number

35-1021766

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
CPT
WELLS, JEFFREY M
1503 MCNAUGHTON ST
ELKHART, IN 46510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
DUSTHIMER, THOMAS
1503 MCNAUGHTON ST
ELKHART, IN 46510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ARKO, VICTOR
240 WATERFALL DRIVE
ELKHART, IN 46516

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
GILBERT, BRADLEY
1503 MCNAUGHTON ST
ELKHART, IN 46510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1000000452801
03/13/06-80014-015 150.00

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

Daytime Phone #