

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F46869

Entity Name: WELLS AGENCY, INC.

FILED  
Jun 19, 2011  
Secretary of State

**Current Principal Place of Business:**

2716 HWY 87  
NAVARRE, FL 32566

**New Principal Place of Business:**

2829 HWY 87  
NAVARRE, FL 32566

**Current Mailing Address:**

2716 HWY 87  
NAVARRE, FL 32566

**New Mailing Address:**

2829 HWY 87  
NAVARRE, FL 32566

FEI Number: 59-2139725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELLS, EDWIN LEROY  
2829 HWY 87  
GULF BREEZE, FL 32566 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WELLS, EDWIN LEROY  
Address: 2829 HWY 87  
City-St-Zip: NAVARRE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN L. WELLS

PRES

06/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date