FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F60549

1. Entity Name
J.N. WELLONS, INC.

Principal Place of Business	Mailing Address
215 CARLTON ST WAUCHULA, FL 33873	P.O. BOX 586 WAUCHULA, FL 33873

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E031 (10/00)

4. FEI Number
59-2170764

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELLONS, JAMES N. III
1250 JOSEPHINE CT.
SEBRING, FL 33875

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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 _____ DATE
Signature, type or print the name of registered agent and, if agent is not a natural person, the name and title of the individual signing on behalf of the agent. (NOTE: Registered Agent's signature required when reinstating)

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	P
NAME	WELLONS, JAMES N III
STREET ADDRESS	1250 JOSEPHINE CT.
CITY-ST-ZIP	SEBRING, FL 33875
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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 Block 10 or Block 11 if changed, or added, in an attachment with an address, with all other like empowered.

SIGNATURE: James N Wellons 4-27-05 863-655-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #