


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90009 010 \*\*\*150.00

<b>DOCUMENT # G30083</b>	
1. Entity Name <b>JOHN D. WELLS CORPORATION</b>	

Principal Place of Business <b>4352 JAMES ESTATE LANE LAKE WORTH, FL 33467 US Wellington, FL 33449.8626</b>	Mailing Address <b>4352 JAMES ESTATE LANE LAKE WORTH, FL 33467 US Wellington, FL 33449.8626</b>
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01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2281535</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>VINER, MELVIN A. 4352 JAMES ESTATE LANE JAMES COURT LAKE WORTH, FL 33467 Wellington, FL 33449.8626</b>
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**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, 2008 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	PD VINER, MELVIN A 4352 JAMES ESTATE LANE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <i>Deceased</i> VINER, SELMA 4352 JAMES ESTATE LN LAKE WORTH, FL
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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:** *Melvin A Viner Pres* *1/14/08* *(561) 642-6668*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*MELVIN A VINER*