

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H11001**

1. Entity Name  
**WELLINGTON SALES CORP.**



Principal Place of Business  
**9868 TORINO DR  
LAKE WORTH, FL 33467 US**

Mailing Address  
**PO BOX 541085  
LAKEWORTH, FL 33454 US**



02162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2429381**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANTON, LESLIE  
1357 SAILBOAT CIR  
W. PALM BEACH, FL 33414**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

U00000511813^M  
04/29/06-80062-024 150.00^M

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTON, NORA 4868 TORINO DR. LAKE WORTH, FL 33467
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**DO NOT WRITE  
IN THIS SPACE**

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: Nora S. Anton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 561-967-6040  
Date Daytime Phone #