2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23502

Name:

Address: City-St-Zip: WELLS, R MARY

2393 WEYMOUTH DR

CLEARWATER, FL 33764

Entity Name: WELLS LAND DEVELOPMENT, INC.

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MOUTH DR TER, FL 33764	US	12885 62ND STREET SUITE 300	T NORTH	
OLLAIVVA	TER, TE 33704	00	LARGO, FL 33773	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	MOUTH DR TER, FL 33764	US	12885 62ND STREE ⁻ SUITE 300 LARGO, FL 33773	NORTH US	
FEI Number:	59-2451885	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CLEARWA	MOUTH DR TER, FL 33764				
The above in the State		bmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		?)(b), F.S., the corporation did not rust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () DO WELLS, ROGER I 2393 WEYMOUTH CLEARWATER, F	H., HDR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () DO SABO, JOHN N., 4055 JACARANDA BROOKSVILLE, F	A CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST () De		Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: R. MARY WELLS ST 07/05/2007