2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23502

FILED Feb 13, 2009 Secretary of State

Entity Name: WELLS LAND DEVELOPMENT, INC.

urrent P	rincipal Place of Business:	New Principal Place of Business:
2885 62N	ND STREET NORTH	
UITE 300		
ARGO, F	FL 33773 US	
urrent N	lailing Address:	New Mailing Address:
2885 62N	ND STREET NORTH	12885 62ND STREET NORTH
UITE 300		#300 LABOO EL 33773
		LARGO, FL 33773
I Number	: 59-2451885 FEI Number Ap	olied For () FEI Number Not Applicable () Certificate of Status Desired ()
ame and	d Address of Current Registe	red Agent: Name and Address of New Registered Agent:
/ELLS, R	ROGER /MOUTH DR	
LEARW <i>i</i> he above	ATER, FL 33764 US e named entity submits this stat	ement for the purpose of changing its registered office or registered agent, or both
LEARW/ ne above the State	ATER, FL 33764 US e named entity submits this state e of Florida. RE:	
LEARW/ he above the State	ATER, FL 33764 US e named entity submits this stat e of Florida.	Registered Agent Date
LEARW/ he above the State IGNATUI ection Cal	ATER, FL 33764 US e named entity submits this state of Florida. RE: Electronic Signature of	
LEARW/ he above the State IGNATUI ection Cal	ATER, FL 33764 US e named entity submits this state of Florida. RE: Electronic Signature of mpaign Financing Trust Fund Cont	Registered Agent Date
he above the State IGNATUI ection Car FFICER the: ame: ddress:	ATER, FL 33764 US e named entity submits this state of Florida. RE: Electronic Signature of mpaign Financing Trust Fund Cont S AND DIRECTORS: PD () Delete WELLS, ROGER H., 2393 WEYMOUTH DR	Registered Agent Date ibution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:

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.

SIGNATURE: R. MARY WELLS ST 02/13/2009