## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 16, 2007 08:00 AN Secretary of State

PROCESS PRICE OF DISTRICT STATE OF THE STATE	1. Entity Nan	MENT # H35312 WELL INSURANCE, INC.			www.monorous.mag	56	cretary o	ı Sta
DO NOT WRITE IN THIS SPACE    A FEI Number   Sp-2487990   So. Certification of Sinkus, Desired   Se. 7487990   So. Certification of Sinkus, Desired   Se. 748790   So. Certification of Sinkus, Desired   Sinkus, S	420 LAKE H	OWELL ROAD	420 LAKE HOWELL ROAD	•				
MACDOWELL, JOHN R. JR. 420 LAKE HOWELE RD MAITLAND, FL 32751  8. The above named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE MOWIT FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  ONTHER Registered Agent agreeue weighted enter revises by Added to Fees  10.  OFFICERS AND DIRECTORS  TIME MACDOWELL, JOHN R. JR.  STEET ADMESS ONT 91-2P  MACDOWELL, JOHN R. JR.  STEET ADMESS ONT 91-2P  MACDOWELL, DONNA C.  STEET ADMESS ONT 91-2P  TIME MAC STEET ADMESS ONT 91-2P  TIME ADMESS STEET ADMESS ONT 91-2P  TIME ADMESS STEET ADMESS STEET ADMESS STEET ADMESS AND ADMESS STEET ADM	C		01102007 4. FEI Number 59-24879	No Chg-P C	R2E034 (11/05)   Appli   Not A	pplicable		
SIGNATURE    Signature   Signa	420 LAKE	ELL, JOHN R. JR. HOWELL RD						
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution. Added to Fees    10.	the obligat	ions of registered agent.						of accept
TITLE MAKE MACDOWELL, JOHN R. JR. STREET ADDRESS CITY-ST-ZIP MACDOWELL, DONNA C. STREET ADDRESS CITY-ST-ZIP MACDOWELL, DONNA C. 420 LAKE HOWELL RD MAITLAND, FL 32751  TITLE MAKE MACDOWELL, DONNA C. 420 LAKE HOWELL RD MAITLAND, FL 32751  TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DVP MACDOWELL, JOHN R. JR. 420 LAKE HOWELL RD MAITLAND, FL 32751 T MACDOWELL, DONNA C. 420 LAKE HOWELL RD	RECTORS	. · ·	<del></del>	 100000055 11776267-50	6458 053-019 150	.00 -
ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.	NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME			**				THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated 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.	CITY-ST-ZIP TITLE NAME STREET ADDRESS		=					-
inclicated 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.	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	certify that the information supplied with the	is filing does not qualify for the exem	nptions contained	in Chapter 119, Flo	vida Statutes. I furth	er certify that the infor	mation
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESS.	indicated of the con changed,	on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with URE:	ue and accurate and that my signature ered to execute this report as required at all other like empoyered.	e shall have the s d by Chapter 607,	ame legal effect as , Florida Statutes; ar	if made under oath; I	that I am an officer or a ears in Block 10 or Blo	director