


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # J06297
 1. Entity Name
WELLINGTON ACADEMY, INC.



Principal Place of Business Mailing Address
 12734 KENWOOD LANE, STE. 39 12734 KENWOOD LANE, STE. 39
 FORT MYERS, FL 33907-5639 FORT MYERS, FL 33907-5639

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2606136	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, FAYE O
 5244 RAMSEY WAY
 FORT MYERS, FL 33907

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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 _____

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 JONES, FAYE O 12734 KENWOOD LANE, STE. 39 FORT MYERS, FL 339075639
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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 *Faye O. Jones* *Faye O. Jones, President* *4-15-08*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #