


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90020 021 \*\*\*150.00

DOCUMENT # J13008 1. Entity Name WELLMAN & ASSOCIATES, P.A.	
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Principal Place of Business 1517 W. MAIN ST. LEESBURG, FL <del>34749</del> 34748	Mailing Address 1517 W. MAIN ST. LEESBURG, FL <del>34749</del> 34748
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2664344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLMAN, L. ERNEST  
1517 W MAIN ST  
LEESBURG, FL 34748

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>WELLMAN, L. ERNEST</del> WELLMAN II, Labon 1517 W MAIN ST LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>WELLMAN II, LABON</del> WELLMAN, Tina M. 1517 W MAIN ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WELLMAN, L. ERNEST 1517 W. main St. Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: L. Ernest Wellman L. Ernest Wellman 7-3-07 352-728-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

July 3, 2007

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed our corporate return of 2007. We did not receive our renewal notice, and that is why it is late. If you will note on the corrected return, the zip code for both the physical location and mailing address is incorrect. The one listed is for the main post office in Leesburg, not our street address.

Our firm has had quite a bit of mail go astray when this incorrect zip is used.

We are just a small family run and owned insurance agency, incorporated as such for 21 years and we have tried very diligently to not be delinquent or late with our state reports. Your special consideration is appreciated.

Sincerely,



L. Ernest Wellman, registered agent

ATTACHMENT

40123120

# 513008