2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J13008

1. Entity Name

WELLMAN & ASSOCIATES, P.A.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

1517 W. MAIN ST. Leesburg, Fl. 34748 Mailing Address

1517 W. MAIN ST. Leesburg, FL 34748



DO NOT WRITE IN THIS SPACE

04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2664344

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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ð.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.	ram ramiliar with, and accept
	the obligations of registered agent,	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

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10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLMAN, ERNEST L 1517 W MAIN ST LEESBURG, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLMAN, LABON II 1517 W MAIN ST LEESBURG, FL 34748		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLMAN, TINA 1517 W. MAIN ST LEESBURG, FL 34748		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hardby certify that the information supplied with this filling does not qualify for the exe			

04/17/08-80037-025-150<u>1</u>00

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: <u>る. き</u>

I. E-welly

L. Errist Wellman

TNASUNO

4-3-08 352-72

Daytime Phone I