

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13008

FILED  
Sep 03, 2009  
Secretary of State

Entity Name: WELLMAN & ASSOCIATES, P.A.

**Current Principal Place of Business:**

1517 W. MAIN ST.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

1517 W. MAIN ST.  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 59-2664344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: WELLMAN, ERNEST L  
Address: 1517 W MAIN ST  
City-St-Zip: LEESBURG, FL

Title: P      (X) Delete  
Name: WELLMAN, LABON II  
Address: 1517 W MAIN ST  
City-St-Zip: LEESBURG, FL 34748

Title: VD      (X) Delete  
Name: WELLMAN, TINA  
Address: 1517 W. MAIN ST  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST      (X) Change ( ) Addition  
Name: WELLMAN, ERNEST L  
Address: 1517 W MAIN ST  
City-St-Zip: LEESBURG, FL

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: L. ERNEST WELLMAN

PST

09/03/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date