


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J85568	
1. Entity Name WELLS CROSSING ASSOCIATES, INC.	

Principal Place of Business	Mailing Address
751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204 US	751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204 US



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0032152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, RALPH L JR.
751 OAK STREET SUITE 600
BLDG II, SUITE 650
JACKSONVILLE, FL 32204

**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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WINSTON, JAMES H.
STREET ADDRESS	4825 ORTEGA BLVD.
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	SHAW, RALPH L JR.
STREET ADDRESS	751 OAK STREET SUITE 600
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	AST
NAME	BROOKS, WILLIAM E.
STREET ADDRESS	601 RIVERSIDE AVE. BUILDING II, SUITE 650
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	SHAW, RALPH L JR
STREET ADDRESS	751 OAK STREET SUITE 600
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	ST
NAME	KOPELOUSOS, JOHN
STREET ADDRESS	1279 KINGSLEY AVE, SUITE 118
CITY - ST - ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/24/05-80041-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R. L. Y.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05 904-358-0900
Date Daytime Phone #