

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

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

Principal Place of Business 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204 US	Mailing Address 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204 US
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04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0032152	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P WINSTON, JAMES H. 4825 ORTEGA BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, RALPH L JR. 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST BROOKS, WILLIAM E. 601 RIVERSIDE AVE. BUILDING II, SUITE 650 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAW, RALPH L. JR 751 OAK STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOPELOUSOS, JOHN 1279 KINGSLEY AVE, SUITE 118 ORANGE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80090-004 150.00

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: *R. L. Shaw* **4/17/07** **904-358-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #