


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # J85568</b> 1. Entity Name WELLS CROSSING ASSOCIATES, INC.	
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04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0032152	Applied For Not Applicable
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5. Certificate of Status Desired ☐ -- \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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

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, 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	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	

**DO NOT WRITE  
IN THIS SPACE**

U00000720052

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07 904-358-0900