
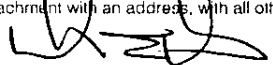


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 026 ***150.00

DOCUMENT # K17389 1. Entity Name BILL WELLS CORP.					
Principal Place of Business 680 NE 23RD AVE SUITE A GAINESVILLE, FL 32601 US			Mailing Address P.O. BOX 12157 P.O. BOX 12157 GAINESVILLE, FL 32604 US		
2. Principal Place of Business - No P.O. Box # 680 NE 23rd Avenue		3. Mailing Address Suite, Apt. #, etc. Suite A			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 59-2897862	
Zip 32609		Country Alachua		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, WILLIAM E. 1731 N.W. 6TH ST., SUITE 14 GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name William E. Wells Street Address (P.O. Box Number is Not Acceptable) 680 NE 23rd Avenue Suite A City Gainesville FL Zip Code 32609		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WELLS, WILLIAM E. 680 NE 23RD AVE, SUITE A GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, WILLIAM E. 680NE 23RD AVE, SUITE A GAINESVILLE, FL	<input type="checkbox"/> Delete			
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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: 		William E. Wells, President		1/31/08 (352) 373-2281	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	