

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17389

Entity Name: BILL WELLS CORP.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

680 NE 23RD AVE
SUITE A
GAINESVILLE, FL 32601 US

Current Mailing Address:

P.O. BOX 12157
P.O. BOX 12157
GAINESVILLE, FL 32604 US

New Principal Place of Business:

680 NE 23RD AVE
SUITE A
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-2897862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, WILLIAM E.
680 NE 23RD AVE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

WELLS, WILLIAM E.
680 NE 23RD AVE
SUITE A
GAINESVILLE, FL 32609 US

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:

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WELLS, WILLIAM E.,
Address: 680 NE 23RD AVE, SUITE A
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: WELLS, WILLIAM E.,
Address: 680NE 23RD AVE, SUITE A
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WELLS, WILLIAM E.,
Address: 680 NE 23RD AVE, SUITE A
City-St-Zip: GAINESVILLE, FL 32609 US

Title: D (X) Change () Addition
Name: WELLS, WILLIAM E.,
Address: 680 NE 23RD AVE, SUITE A
City-St-Zip: GAINESVILLE, FL 32609 US

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: WILLIAM E. WELLS

PST

02/24/2009

Electronic Signature of Signing Officer or Director

Date