


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # K56562 1. Entity Name DON WELLS INSURANCE AGENCY, INC.			
Principal Place of Business % DONALD A. WELLS 5912 CHERRY RD. OCALA, FL 34472		Mailing Address % DONALD A. WELLS 5912 CHERRY RD. OCALA, FL 34472	
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2920716	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
WELLS, DONALD A. 5912 CHERRY RD. OCALA FL, FL 34472		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 <u>DON WELLS</u> <u>PRESIDENT</u>		<u>1-5-06</u>	
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, 2006 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		DO NOT WRITE IN THIS SPACE UG00000379062 01/10/06-80006-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, DONALD 17053 S E 165TH AVE WEIRSDALE, FL 32185		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, LISA 17053 S E 165TH AVE WEIRSDALE, FL 32185		
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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: <u>Don Wells</u> <u>DON WELLS</u>		<u>1-5-06</u> <u>352-624-1200</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	