2008 FOR PROFIT CORPORATION ANNUAL REPORT;

DOCUMENT # K56562 1. Entity Name DON WELLS INSURANCE AGENCY, INC.



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

% DONALD A. WELLS 5912 CHERRY RD. OCALA, FL 34472

SIGNATÜRE:

Mailing Address

% DONALD A. WELLS 5912 CHERRY RD. OCALA, FL 34472



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	6. Name and Address of Current Regis	tered Agent	e that come is		25 To 1874 Dis		
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	named entity submits this statement for the p	ourpose of changing its registere	ed office or register	red agent, or b	oth, in the State of Fl	orida. I am fa	amiliar with, and accept
the obligati	ions of registered agent.						
IGNATURE_	Signature, typed or printed name of registered agent and title	if sonicable (NOTE Becators	d Agent signature required	(when reinstation)		DATE	
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I hereby condicated of the corp	ertify that the information supplied with this fil on this report or supplemental report is true a ocration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exe nd accurate and that my signate to execute this report as require other like empowered.	mptions contained ure shall have the s ed by Chapter 607,	in Chapter 11: same legal effe Florida Statute	9, Florida Statutes. I ct as if made under d es; and that my name	further certificath; that I and appears in	y that the information n an officer or director Block 10 or Block 11 if