

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56562

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: DON WELLS INSURANCE AGENCY, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-2920716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

WELLS, DON A PRES  
5912 CHERRY RD.  
OCALA, FL 34472 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: DON WELLS

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WELLS, DONALD,  
Address: 17053 S E 165TH AVE  
City-St-Zip: WEIRSDALE, FL 32185

Title: VD ( ) Delete  
Name: WELLS, LISA  
Address: 17053 S E 165TH AVE  
City-St-Zip: WEIRSDALE, FL 32185

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WELLS, DONALD,  
Address: 17053 S E 165TH AVE  
City-St-Zip: WEIRSDALE, FL 32195

Title: VD (X) Change ( ) Addition  
Name: WELLS, LISA  
Address: 17053 S E 165TH AVE  
City-St-Zip: WEIRSDALE, FL 32195

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: DON WELLS

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date