

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # K66069

1. Entity Name
WELLESLEY CONSTRUCTION COMPANY



Principal Place of Business
**7320 COUNTY LINE ROAD
ODESSA, FL 33556 US**

Mailing Address
**7320 COUNTY LINE ROAD
ODESSA, FL 33556 US**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2996425

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CUMMINGS, THOMAS L.
7320 COUNTY LINE ROAD
ODESSA, FL 33556**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000850833
03/25/08-80014-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CUMMINGS, THOMAS L.
STREET ADDRESS	7320 COUNTY LINE ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	S
NAME	CUMMINGS, THOMAS L
STREET ADDRESS	7320 COUNTY LINE RD.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	T
NAME	CUMMINGS, ELIZABETH W
STREET ADDRESS	7320 COUNTY LINE ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	V
NAME	CUMMINGS, BRADFORD A
STREET ADDRESS	7320 COUNTY LINE ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	V
NAME	CUMMINGS, BRIAN T
STREET ADDRESS	7222 COUNTY LINE RD.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Thomas L. Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Cummings 813-926-6673
Date Daytime Phone #

3-04-08