

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90277 003 \*\*\*150.00

**DOCUMENT # L30607**

1. Entity Name  
**THOMAS R. WELLER, P.A.**



Principal Place of Business  
**% THOMAS R. WELLER  
65 NW 16 ST  
HOMESTEAD, FL 33030 US**

Mailing Address  
**% THOMAS R. WELLER  
65 NW 16 ST  
HOMESTEAD, FL 33030 US**

**14010698**



04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

**23327 NW COUNTY ROAD 236**

3. Mailing Address

**23327 NW COUNTY ROAD 236**

Suite, Apt. #, etc.

**SUITE 50**

Suite, Apt. #, etc.

**SUITE 50**

City & State

**HIGH SPRINGS**

City & State

**HIGH SPRINGS**

Zip

**32643**

Country

**FLORIDA**

Zip

**32643**

Country

**FLORIDA**

4. FEI Number  
**65-0158625**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WELLER, THOMAS R.  
65 NW 16TH ST.  
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name

**THOMAS R. WELLER**

Street Address (P.O. Box Number is Not Acceptable)

**23327 NW COUNTY RD 236**

**SUITE 50**

City

**HIGH SPRINGS**

FL

Zip Code

**32643**

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

*Thomas R. Weller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
WELLER, THOMAS R.  
65 NW 16 STREET  
HOMESTEAD, FL 33030** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**23327 NW COUNTY RD 236 #50  
HIGH SPRINGS, FL 32643** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 R. Weller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/05**  
Date

**386-454 3163**  
Daytime Phone #