2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2006 08:00 AN Secretary of State

DOCUMENT#	L91772
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1. Entity Name WELLBORN INVESTMENTS, INC.

Principal Place of Business

2806 W US 90

SUITE 101 LAKE CITY, FL 32055 U Mailing Address

2806 W US 90 Suite 101

LAKE CITY, FL 32055 US



DO NOT WRITE IN THIS SPACE

02232006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3021732

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL 2806 W US 90 SUITE 101 LAKE CITY, FL 32055

DO NOT WRITE IN THIS SPACE

LAKE CITY	Y, FL 32055	•		IIV I	INIS SPACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature Typed or printed name of registered agent and title i	f applicable (NOTE Registered	i Agent signature	e required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		
TITLE NAME Street address City-St-Zip	P CRAPPS, DANIEL 2806 W US 90, STE 101 LAKE CITY, FL 32055	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POOLE, RONALD D. 123 E. HOWARD ST LIVE OAK, FL 32064				400000452798 03/13/06-80014-012 150.00
TITLE Name Street address City-St-Zip				DO	NOT WRITE
TITLE NAME Street Address City-SI-Zip				IN T	THIS SPACE
TITLE Name Street address City - St-Zip					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ANIEL RAPPS AD

386-2406 755-571 Date: Davine Phone &