

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 027 ***150.00

DOCUMENT # P00000018428

1. Entity Name
WELLS OFFICE SUPPLY, INC.



Principal Place of Business
**1042 1044 SOUTH EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

Mailing Address
**1042 1044 SOUTH EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

94011444



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4356524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**1042 WILKERSON, NANCY
1044 SOUTH EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILKERSON, NANCY
STREET ADDRESS 1044 SOUTH EDGEWOOD AVE.
CITY - ST - ZIP JACKSONVILLE, FL 32205

TITLE STD
NAME WILKERSON, BAILEY
STREET ADDRESS 1044 SOUTH EDGEWOOD AVE.
CITY - ST - ZIP JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy Wilkerson
NANCY WILKERSON

1-29-04

1-904-388-0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #