


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90057 041 ***150.00

DOCUMENT # P00000018428 1. Entity Name WELLS OFFICE SUPPLY, INC.	
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Principal Place of Business 1042 SOUTH EDGEWOOD AVE. JACKSONVILLE, FL 32205	Mailing Address 1042 SOUTH EDGEWOOD AVE. JACKSONVILLE, FL 32205
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40018428



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4356524	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILKERSON, NANCY 1042 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, 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	PD WILKERSON, NANCY 1042 SOUTH EDGEWOOD AVE. 1042 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILKERSON, BAILEY 1042 SOUTH EDGEWOOD AVE. 1042 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pres.

2/10/05

Date

Daytime Phone #

904 -

388-0718