

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90125 027 \*\*\*150.00

**DOCUMENT # P00000077025**

1. Entity Name

WELLINGTON OF OCALA, INC.



Principal Place of Business

Mailing Address

4271 W. HWY 40  
OCALA FL 34482

4271 W. HWY 40  
OCALA FL 34482

2. Principal Place of Business

138 Palm Coast Pkwy NE

3. Mailing Address

138 Palm Coast Pkwy NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#334

#334

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

USA

Zip

32137

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3666600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'REILLY, LAWRENCE P  
8250 N.W. 136TH AVENUE ROAD  
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

Lawrence P. O'Reilly

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

146 Island Estates Pkwy.

City

Palm Coast

FL

Zip Code

32137

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 fee applicable

Lawrence P. O'Reilly

4-8-04

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENEDICTY, GEORGE D  
STREET ADDRESS 4271 W. HWY 40  
CITY-ST-ZIP OCALA FL 34482 ☒ Delete

TITLE STD  
NAME O'REILLY, LAWRENCE P  
STREET ADDRESS 8250 NW 136 AVE RD  
CITY-ST-ZIP OCALA FL 34482 ☐ 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 ☒ Change ☐ Addition

TITLE PSD  
NAME Lawrence P. O'Reilly  
STREET ADDRESS 146 Island Estates Pkwy.  
CITY-ST-ZIP Palm Coast, FL 32137 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence P. O'Reilly 4-8-04 (386) 931-0931

Date

Daytime Phone #