2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# P01000018925

Entity Name: WILDERNESS ESCAPE LAND LIVESTOCK SERVICE, INC.

Current Principal Place of Business:

9440 SW 48TH AVE.
PALM CITY, FL 34990

New Principal Place of Business:

9600 SW CITRUS BLVD.
PALM CITY, FL 34990

Current Mailing Address:

9440 SW 48TH AVE.
PLAM CITY, FL 34990

New Mailing Address:

9600 SW CITRUS BLVD.
PALM CITY, FL 34990

FEI Number: 65-1076776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, MICHAEL D
9440 SW 48TH AVE.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

WELLS, MICHAEL D
9600 SW CITRUS BLVD.
PALM CITY, FL 34990 US

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.

SIGNATURE: 06/23/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WELLS, ANTHONY S
Address: 9440 SW 48TH AVE.
City-St-Zip: PALM CITY, FL 34990

Title: VTD ( ) Delete
Name: WELLS, MICHAEL D
Address: 9440 SW 48TH AVE.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: WELLS, ANTHONY S
Address: 9600 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: VTD (X) Change ( ) Addition
Name: WELLS, MICHAEL D
Address: 9600 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DAVID WELLS VTD 06/23/2009
Electronic Signature of Signing Officer or Director Date