


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000051714 1. Entity Name WELLBORN ENTERPRISES, INC.	
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Principal Place of Business 103 EAGLES NEST COURT EAST PALATKA, FL 32131	Mailing Address POST OFFICE BOX 1045 EAST PALATKA, FL 32131
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3726018	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WELLBORN, CHARLES C 103 EAGLES NEST COURT EAST PALATKA, FL 32131

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

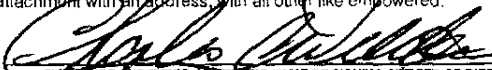
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WELLBORN, CHARLES C 103 EAGLES NEST COURT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLBORN, MARILYN D 103 EAGLES NEST COURT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLBORN, MARLISE D 103 EAGLES NEST COURT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GREEN, MARLENE D 103 EAGLES NEST COURT EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/09/05-80052-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3-5-05 384-328-5307
Date Daytime Phone #