

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092900

FILED
Apr 04, 2006
Secretary of State

Entity Name: WELLS ENTERPRISES OF N.W. FLORIDA, INC.

Current Principal Place of Business:

1915 SPARROW LANE
NAVARRE, FL 32566

New Principal Place of Business:

2705 CREEKS EDGE LN
NAVARRE, FL 32566

Current Mailing Address:

1915 SPARROW LANE
NAVARRE, FL 32566

New Mailing Address:

P.O. BOX 5204
NAVARRE, FL 32566

FEI Number: 59-3747247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, BARBARA
1915 SPARROW LANE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

WELLS, BARBARA
2705 CREEKS EDGE LN
NAVARRE, FL 32566 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:

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLS, BARBARA
Address: 1915 SPARROW LANE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: WELLS, SCOTTIE
Address: 1915 SPARROW LANE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WELLS, BARBARA
Address: 2705 CREEKS EDGE LN
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Change () Addition
Name: WELLS, SCOTTIE
Address: 2705 CREEKS EDGE LN
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA WELLS

PRES

04/04/2006

Electronic Signature of Signing Officer or Director

Date