

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000099199



1. Entity Name
WELLS TRUCKING, INC.

Principal Place of Business
**8238 NEWTON RD
JACKSONVILLE FL 32216**

Mailing Address
**8238 NEWTON RD
JACKSONVILLE FL 32216**



2. Principal Place of Business - No P.O. Box #
8238 Newton Rd, Jay Fl, 32211

Suite, Apt. #, etc.
Home

City & State
Jay Fl. 32211

3. Mailing Address
SAME

Suite, Apt. #, etc.
Same

City & State

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3748715** Applied For
Not Applicable

Zip **32211** Country **USA**

Zip **32211** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, O'HARA C JR
8238 NEWTON RD
JACKSONVILLE FL 32216**

Name

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

City **FL** Zip Code

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 *O'Hara C. Wells*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD WELLS, JR., O'HARA C 8238 NEWTON ROAD JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *O'Hara C. Wells*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

Date

904-646-1527

Daytime Phone #