

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P01000121069

1. Entity Name
WELLINGTON, INC.



Principal Place of Business
**12797 W FOREST HILL BLVD
WELLINGTON, FL 33414**

Mailing Address
**1632 WILTSHIRE VILLAGE DRIVE
WELLINGTON, FL 33414**



04162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0375246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THORPE, DAVID D
1632 WILTSHIRE VILLAGE DRIVE
WELLINGTON, FL 33414**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000912700
05/07/08-80090-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **THORPE, DAVID D**
STREET ADDRESS **1632 WILTSHIRE VILLAGE DRIVE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-18-08 **861-383-8883**
Date Daytime Phone #