
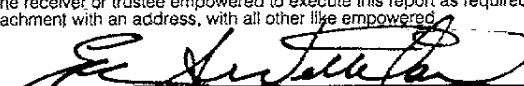


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

| | | |
|--|---|---|
| DOCUMENT # P02000011960 1. Entity Name WETTELAND ENTERPRISES, INC. | |  |
| Principal Place of Business 247 D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084 | Mailing Address 247 D SAN MARCO AVENUE ST. AUGUSTINE, FL 32084 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent O'CONNELL, W.H. CPA 2200 N PONCE DE LEON BLVD #10 ST. AUGUSTINE, FL 32084 | | 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) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GOMEZ, LISA 247 D SAN MARCO AVE SAINT AUGUSTINE, FL 32084 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WETTELAND, ELTON 113 CRAPE MYRTLE DR PONTE VEDRA BEACH, FL 32082 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 | | 4/25/06 904-866-8039 Date Daytime Phone # |



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
33-0994051

| |
|----------------|
| Applied For |
| Not Applicable |

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

U00000538795
05/03/06-80073-009 150.00