2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# P03000001196

Entity Name: WELLINGTON PIERCE INCORPORATED

Current Principal Place of Business:

370 CENTERPOINTE CR
STE 1154
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

705 WEST SR 434
STE D
LONGWOOD, FL 32750 US

Current Mailing Address:

370 CENTERPOINTE CR
STE 1154
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

705 WEST SR 434
STE D
LONGWOOD, FL 32750 US

FEI Number: 04-3731231 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOCCIA II, DANIEL J II
370 CENTERPOINTE CR
STE 1154
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VOCCIA II, DANIEL J II
Address: 370 CENTERPOINTE CR STE 1154
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Delete
Name: PIZZUTI, RICHARD
Address: 5380 DEEPWOODS COURT
City-St-Zip: SANFORD, FL 32771

Title: ST ( ) Delete
Name: PIZZUTI, SHARON L
Address: 5380 DEEPWOODS COURT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHARON L PIZZUTI ST 05/15/2008

Electronic Signature of Signing Officer or Director Date