


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90469 005 \*\*\*150.00

<b>DOCUMENT # P03000010243</b> 1. Entity Name ORIAN WELLS & COMPANY, C.P.A., P.A.					
Principal Place of Business <del>1410 N. W. 13TH STREET</del> <del>SUITE 6</del> <del>GAINESVILLE, FL 32601</del>			Mailing Address <del>1410 N. W. 13TH STREET</del> <del>SUITE 6</del> <del>GAINESVILLE, FL 32601</del>		
2. Principal Place of Business - No P.O. Box # 1216 NW 13TH ST.		3. Mailing Address 1216 NW 13TH ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE, FL		4. FEI Number 59-3177184	
Zip 32601		Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WELLS, ORIAN 1216 N.W. 13TH ST GAINESVILLE, FL 32601			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P WELLS, ORIAN P JR 1216 NW 13TH ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELLS, ORIAN P. JR 1216 NW 13TH ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLS, ORIAN P JR 1216 NW 13TH ST. GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WELLS, DONNA C. 1216 NW 13TH ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, ORIAN P 1216 NW 13TH ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D MAURER, JEROME R. JR 1216 NW 13TH ST. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, DONNA C 1216 NW 13TH ST. GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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04272007 Chg-P CR2E034 (12/06)

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

Date

Daytime Phone #

4/27/07