

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90001 030 ***150.00

DOCUMENT # P03000052319

1. Entity Name
WELLINGTON HOMES OF INDIAN RIVER, INC.



Principal Place of Business
212 POE DR
WINTER HAVEN, FL 33880

Mailing Address
212 POE DR
WINTER HAVEN, FL 33880

2. Principal Place of Business

1766 7th AV SW

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7189

Suite, Apt. #, etc.

04192005

Chg-P

CR2E034 (10/03)

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

58-2670151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JULIAN, CHARLES SR.
212 POE DR
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

Name JULIAN CHARLES SR

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

1766 7th AV SW

City

VERO BEACH

FL

Zip Code

32962

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME JULIAN, CHARLES SR. ☐ Delete
STREET ADDRESS 212 POE DR
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME JULIAN, CHARLES SR ☒ Change ☐ Addition
STREET ADDRESS PO BOX 7189
CITY-ST-ZIP VERO BEACH FL 32961

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles Julian

4-20-05 772-569-3004

Date

Daytime Phone #