

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108850	
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1. Entity Name
WELLS CONSTRUCTION, INC.

Principal Place of Business
**157 S. TRAM RD.
PONCE DE LEON, FL 32455**

Mailing Address
**157 S. TRAM RD.
PONCE DE LEON, FL 32455**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FET Number 56-2400284	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WELLS, GEORGE M
157 S TRAM RD
PONCE DE LEON, FL 32455**

**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

George M Wells

(NOTE: Registered Agent signature required when reinstating)

4/13/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000514622
04/29/06-80177-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WELLS, GEORGE M
STREET ADDRESS	157 S. TRAM RD.
CITY-ST-ZIP	PONCE DE LEON, FL 32455

TITLE	V
NAME	CLARY, SCOTT W
STREET ADDRESS	P O BOX 863
CITY-ST-ZIP	DEFUNIAK SPGS, FL 32435

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

George M Wells

Date

04/13/06

Daytime Phone #

880-836-4675