

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90010 004 ***158.75

DOCUMENT # P04000083327

1. Entity Name
WELLWORTH MANAGEMENT, INC.



Principal Place of Business
**7400 NW 193RD STREET
ORANGE LAKE, FL 32681 US**

Mailing Address
**P.O. BOX 787
ORANGE LAKE, FL 32681 US**

2. Principal Place of Business
**2335 NW 10 St
Suite, Apt. #, etc.
Suite 102
City & State
Ocala, FL 34475
Zip
34475 Country
USA**

3. Mailing Address
**2335 NW 10 St
Suite, Apt. #, etc.
Suite 102
City & State
Ocala FL 34475
Zip
34475 Country
USA**



02012006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROMARTIE, ROBERT A MR.
P.O. BOX 787
ORANGE LAKE, FL 32681**

7. Name and Address of New Registered Agent

Name
David L. Register

Street Address (P.O. Box Number is Not Acceptable)
**2335 NW 10 ST STE 102
Ocala, FL 34475**

City
FL 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 **DAVID L. REGISTER, PRESIDENT** *[Signature]* **2-8-06**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	CROMARTIE, ROBERT A MR.	P.O. BOX 787	ORANGE LAKE, FL 32681	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	David L. Register	2335 NW 10 ST Ste 102	Ocala FL 34475	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Robert A Cromartie	7400 NW 193 ST	Orange Lake FL 32681	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Sandra L. Register	2335 NW 10 ST	Ocala, FL 34475	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

2-8-06

352-732-6826