

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90038 024 ***150.00

DOCUMENT # P04000113363

1. Entity Name

WELLER LENDING, INC.



Principal Place of Business

**18820 US HWY 19 NORTH
STE 200
CLEARWATER FL 33764**

Mailing Address

**18820 US HWY 19 NORTH
STE 200
CLEARWATER FL 33764**

2. Principal Place of Business

**18820 US HWY 19 N
Suite, Apt. #, etc.
#211**

3. Mailing Address

**18820 US 19 NORTH
Suite, Apt. #, etc.
#211**



1st MOORE

CR2E034 (10/04)

City & State

**CLEARWATER FL
Zip FL 33764 Country PINELLAS**

City & State

**CLEARWATER FL
Zip 33764 Country PINELLAS**

4. FEI Number

20-1411960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLER, JAY M
19135 US HWY 19 NORTH
#822
CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **JAY M WELLER**
Street Address (P.O. Box Number is Not Acceptable) **3021 STATE ROAD 590 #230**
City **CLEARWATER** FL Zip Code **33759**

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

JAY M WELLER

(NOTE: Registered Agent signature required when reinstating)

1/25/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JAY M WELLER	
STREET ADDRESS	3021 STATE ROAD 590 #230	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY M WELLER

Date

Daytime Phone #

1/25/05 727 539 0364