


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000131665 1. Entity Name THOMAS WELLS, INC	
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Principal Place of Business 13591 100TH TERRACE LIVE OAK, FL 32060	Mailing Address 13591 100TH TERRACE LIVE OAK, FL 32060
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DO NOT WRITE IN THIS SPACE



08132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3559277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WELLS, BAMBI 13591 100TH TERRACE LIVE OAK, FL 32060
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, THOMAS 13591 100TH TERRACE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WELLS, BAMBI 13591 100TH TERRACE LIVE OAK, FL 32060
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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: Thomas J Wells 8/27/07 386-2089552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #