

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90211 018 ***150.00

DOCUMENT # P06000033062					
1. Entity Name WELL-RUN CONCEPTS, INC.					
Principal Place of Business 1626 SE 29TH TERRACE, SUITE 300-170 OCALA, FL 34471			Mailing Address 1626 SE 29TH TERRACE, SUITE 300-170 OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-4439621	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SELLAND, JENNIFER C 1626 SE 29TH TERRACE, SUITE 300-170 OCALA, FL 34471					
7. Name and Address of New Registered Agent Name: <u>ZAMECKI, JENNIFER C</u> Street Address (P.O. Box Number is Not Acceptable): <u>303 SE 17th St. Suite 309-170</u> City: <u>OCALA</u> FL <u>34471</u>					
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: <u>Jennifer C. Zamecki</u> DATE: <u>2-29-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SELLAND, JENNIFER C 1626 SE 29TH TERRACE, SUITE 300-170 OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAMECKI, JENNIFER C. 303 SE 17th St. Suite 309-170 OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dale W. Zamecki II 303 SE 17th St. Suite 309-170 OCALA FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	303 SE 17th St. Suite 309-170 OCALA FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Jennifer C. Zamecki</u> <u>Jennifer C. Zamecki</u> <u>2-28-08</u> <u>352-624-2884</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					