

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90023 042 ***150.00

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1. Entity Name

WELLS SPECIALTY CONSULTING, INC.



Principal Place of Business

2655 LAKE DR., #6
RIVIERA BEACH FL 33404

Mailing Address

2655 LAKE DR., #6
RIVIERA BEACH FL 33404

2. Principal Place of Business - No P.O. Box #

8902 SE Marina Bay Dr.

3. Mailing Address

8902 SE Marina Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)



City & State

Hobe Sound FL

City & State

Hobe Sound FL

4. FEI Number

36-4282995

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

33455

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELLS, JEAN M.
2655 LAKE DR., #6
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Jean M. Wells

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

1-28-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 P
NAME WELLS, JEAN M.
STREET ADDRESS 2655 LAKE DR., #6
CITY-STATE-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE V
NAME SCHNEGELBERGER, DAVID J.
STREET ADDRESS 2655 LAKE DR., #6
CITY-STATE-ZIP RIVIERA BEACH FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Jean M. Wells
STREET ADDRESS 8902 SE Marina Bay Drive
CITY-STATE-ZIP Hobe Sound FL 33455

TITLE V ☒ Change ☐ Addition
NAME David J. Schnegelberger
STREET ADDRESS 8902 SE Marina Bay Drive
CITY-STATE-ZIP Hobe Sound FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jean M. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08

561-312-1567

Date

Daytime Phone #