

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052475

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** WELLS SPECIALTY CONSULTING, INC.

**Current Principal Place of Business:**

8902 SE MARINA BAY DR  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

8902 SE MARINA BAY DR  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 36-4282995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, JEAN M  
8902 SE MARINA BAY DRIVE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WELLS, JEAN M  
**Address:** 8902 SE MARINA BAY DRIVE  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** V  
**Name:** SCHNEGELBERGER, DAVID J  
**Address:** 8902 SE MARINA BAY DR  
**City-St-Zip:** HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID J. SCHNEGELBERGER

V

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date