


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

**Feb 06, 2008 08:00 AM
Secretary of State**

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|---|---|
| DOCUMENT # P06000067549 1. Entity Name WELLS HAULING INC. |  |
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| Principal Place of Business 4025 PAW PAW TRAIL LAKE WALES, FL 33898 US | Mailing Address 4025 PAW PAW TRAIL LAKE WALES, FL 33898 US |
|--|--|

DO NOT WRITE IN THIS SPACE



02032008 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 83-0458921 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WELLS, HOWARD E 4025 PAW PAW TRAIL LAKE WALES, FL 33898 | DO NOT WRITE IN THIS SPACE |
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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

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| 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 | |
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| 10. OFFICERS AND DIRECTORS | | <p>U000000817220 02/14/08-80085-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D WELLS, HOWARD E 4025 PAW PAW TRAIL LAKE WALES, FL 33898 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T WELLS, NORA A 4025 PAW PAW TRAIL LAKE WALES, FL 33898 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WELLS, NORA A 4025 PAW PAW TRAIL LAKE WALES, FL 33898 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

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: Howard E. Wells HOWARD E. WELLS 2/4/08 (863) 528-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #