2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# P07000034189

Entity Name: CLIFFORD K. WELLS, P.A.

Current Principal Place of Business:

111 2ND AVE. N.E.
STE. 905
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

111 2ND AVE. N.E.
STE. 505
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

111 2ND AVE. N.E.
STE. 905
ST. PETERSBURG, FL 33701 US

New Mailing Address:

111 2ND AVE. N.E.
STE. 505
ST. PETERSBURG, FL 33701 US

FEI Number: 45-0554455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, CLIFFORD K ESQ.
111 2ND AVE. N.E.
STE. 905
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

WELLS, CLIFFORD K ESQ.
111 2ND AVE. N.E.
STE. 505
ST. PETERSBURG, FL 33701 US

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: CLIFFORD WELLS 04/09/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WELLS, CLIFFORD K
Address: 111 2ND AVE. N.E. STE 505
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: DIR
Name: WELLS, CLIFFORD K
Address: 111 2ND AVE. N.E. STE 505
City-St-Zip: ST. PETERSBURG, FL 33701 FL

Title: SECR
Name: WELLS, CLIFFORD K
Address: 111 2ND AVE. N.E. STE 505
City-St-Zip: ST. PETERSBURG, FL 33701 FL

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: CLIFFORD WELLS PRES 04/09/2012
Electronic Signature of Signing Officer or Director Date