


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90034 044 \*\*\*158.75

<b>DOCUMENT # P07000048321</b>		
1. Entity Name <b>WELLINGTON CONSULTING INC</b>		

Principal Place of Business <b>12230 FOREST HILL BLVD., SUITE 163 WELLINGTON, FL 33414</b>	Mailing Address <b>12230 FOREST HILL BLVD., SUITE 163 WELLINGTON, FL 33414</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03262008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8891513**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>VICE President</b>	<b>John Meschella</b>	<b>854 CEDAR COVE RD. WELLINGTON, FL 33414</b>				

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 information required.

**SIGNATURE:** on 3/26/08 561-227-1596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Close Window

**National City****Small Business Online Banking****Check Detail**

Account Number: ...3696 Check Number: 1319 Check Paid Date: 4/16/2008 Amount: \$158.75

[View Front Only](#)[Zoom In](#)[Zoom Out](#)[Print](#)

1319

WELLINGTON CONSULTING INC  
12230 FOREST HILL BLVD, SUITE 100  
WELLINGTON, FL 33414

NATIONAL CITY  
63-0413-2070

40064831

3/25/2008

PAY TO THE ORDER OF Florida Department of State \$ 158.75

One Hundred Fifty Eight and 75/100 DOLLARS

Florida Department of State

MEMO Annual report 2008/ # P0700048321

APR 11 2008

2373 96878

5940244181

500001319 1267084199 98571359 5 0000015875

ATTACHMENT

66015042  
#P0700048321

APR 11 2008

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 100808708

2373 96878

APR 16 2008

BANK OF AMERICA NA  
PNC3000071 1266 34 PDS  
4/16/08

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