2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2008 8:00 am
Secretary of State
04-07-2008 90054 046 ***150.00

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DOCUMENT # P07000075245

1. Entity Name
WELLS & DUBOSE, INC.

Principal Place of Business	Mailing Address
3218 ERSKINE DR ORLANDO, FL 32825	3218 ERSKINE DR ORLANDO, FL 32825

2. Principal Place of Business - No P.O. Box #	3. Mailing Address: 20 N. Orange Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 600
City & State	City & State: Orlando, Florida
Zip / Country	Zip: 32801 / Country

4. FEI Number: 20-0448710 — Applied For / Not Applicable

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
HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N ORANGE AVE STE 600 ORLANDO, FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, ANDREW J 3218 ERSKINE DR ORLANDO, FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DUBOSE, TIMOTHY M 3224 ERSKINE DR ORLANDO, FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ANDREW J. WELLS 3/18/08 407 468 5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #