

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90021 007 ***150.00

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1. Entity Name

WELLINGTON P. COMPANY



Principal Place of Business

321 BROADWAY
KISSIMMEE FL 34741
US

Mailing Address

2603 CHATHAM CIR
KISSIMMEE FL 34741
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

321 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Kissimmee - FL

4. FEI Number 59-3403830

Applied For
Not Applicable

Zip

Country

34741

USA

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

321 BROADWAY

Kissimmee

FL

Zip Code 34741

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD
NAME BATINI, HELIO ☐ Delete
STREET ADDRESS 2603 CHATHAM CIR
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE NAME 321 BROADWAY ☒ Change ☐ Addition
STREET ADDRESS KISSIMMEE FL 34741
CITY-ST-ZIP

TITLE S
NAME DE COSTA BATINI, EDNA COELHO ☐ Delete
STREET ADDRESS 2603 CHATHAM CIR
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE NAME 321 BROADWAY ☒ Change ☐ Addition
STREET ADDRESS KISSIMMEE FL 34741
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07

Date

407-3440300

Daytime Phone #