

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020166

Entity Name: JIMMIE WELLS AUTO SALES, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

303 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320844217

New Principal Place of Business:

Current Mailing Address:

303 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320844217

New Mailing Address:

FEI Number: 59-3436397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, JIMMIE D
303 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320844217

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: WELLS, JIMMIE D
Address: 303 S PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP () Delete
Name: WELLS, ANDREW D
Address: 5615 PACES GLEN AVE #418
City-St-Zip: CHARLOTTE, NC 28212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JIM WELLS

P

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date