


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90058 046 ***150.00

DOCUMENT # P97000020166

1. Entity Name
JIMMIE WELLS AUTO SALES, INC.



Principal Place of Business Mailing Address
303 SOUTH PONCE DE LEON BLVD. **303 SOUTH PONCE DE LEON BLVD.**
ST. AUGUSTINE FL 32084-4217 **ST. AUGUSTINE FL 32084-4217**

40012703



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
340 State Road 16 **340 State Road 16**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Augustine, FL **St. Augustine, FL**
 Zip Country Zip Country
32084 **U.S.A.** **32084** **U.S.A.**

4. FEI Number Applied For
59-3436397 Not Applicable

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

6. Name and Address of Current Registered Agent
WELLS, JIMMIE D
303 SOUTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084-4217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
340 State Road 16
 City State Zip Code
St. Augustine FL 32084

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: *Jimmie D. Wells* DATE: 02/03/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WELLS, JIMMIE D 303 S PONCE DE LEON BLVD ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, ANDREW D 5615 PACES GLEN AVE #418 CHARLOTTE NC 28212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Jimmie D. Wells 340 State Road 16 St Augustine FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Jimmie D. Wells* Jimmie D. Wells 02/03/05 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR