

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90027 010 \*\*\*150.00



**DOCUMENT # P97000020166**  
 1. Entity Name  
**JIMMIE WELLS AUTO SALES, INC.**

Principal Place of Business      Mailing Address  
 340 STATE ROAD 16      340 STATE ROAD 16  
 ST. AUGUSTINE FL 32084-4217      ST. AUGUSTINE FL 32084-4217



2. Principal Place of Business      3. Mailing Address  
**303 S. Ponce De Leon Blvd**      **303 S. Ponce De Leon Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**St. Augustine FL**      **St. Augustine FL**  
 Zip      Country      Zip      Country  
**32084**      **USA**      **32084**      **USA**

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**  
**340 STATE ROAD 16**  
**ST. AUGUSTINE FL 32084-4217**

7. Name and Address of New Registered Agent  
 Name **Wells Jimmie D**  
 Street Address (P.O. Box Number is Not Acceptable) **3050 Kings Rd.**  
 City **St. Augustine**      FL      Zip Code **32086**

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*      **Jimmie D. Wells PCEO**      DATE **1-20-06**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WELLS, JIMMIE D 340 STATE ROAD 16 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 checked="" 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 Wells, Jimmie D 3050 Kings Rd. St. Augustine FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wells, George W. 3050 Kings Rd. St. Augustine FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Scullen, Maryann 603 Lemon St. Upstairs St. Augustine, FL 32084	<input type="checkbox"/> Change <input checked="" 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 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: *Jimmie D Wells*      **Jimmie D. Wells**      DATE **1-20-06**      DAYTIME PHONE # **(904) 824-6174**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #