

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020166

Entity Name: JIMMIE WELLS AUTO SALES, INC.

FILED  
Jan 18, 2010  
Secretary of State

**Current Principal Place of Business:**

303 S. PONCE DELEON BLVD  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

303 S. PONCE DELEON BLVD  
SAINT AUGUSTINE, FL 32084

**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  
3050 KINGS RD  
SAINT AUGUSTINE, FL 32086 US

**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  
Name: WELLS, JIMMIE D  
Address: 3050 KINGS RD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP  
Name: WELLS, GEORGE B  
Address: 3050 KINGS RD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S  
Name: SCULLEN, MARYANN  
Address: 157 STEWART ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: MARYANN SCULLEN

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01/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date