## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000078288

Entity Name
 WELLS LAND CLEARING, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business 5272 BLACK RD MILTON, FL 32583 Mailing Address 5272 BLACK RD MILTON, FL 32583



## DO NOT WRITE IN THIS SPACE

02092004 No Chg-P CR2E034 (10/03)

4. FEI Number | Applied For

59-3465875

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J. PAUL 202 OAK ST. MILTON, FL 32570

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent.	surpose of changing its registered office	or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title i	applicable (NOTE Registered Agent sign	nature required whon reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, CARL W 5129 BLACK RD. MILTON, FL 32570			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, CARL W 5129 BLACK RD. MILTON, FL 32570			U00000113658 04/15/04-80018-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
title Name Street Address City-St-Zip			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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

4-13-09

Daylime Phone &