2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

ANNUAL REPORT	, +	Apr 10, 2003 00.00
DOCUMENT # P99000071297		Secretary of State
1. Entity Name		
SYLVIA WELLS-CULLINS, INC.		
	A STATE	
Principal Place of Business Mailing Address		
1600 S.E. 15 STREET,#204 1600 S.E. 15 STREET,#204		
FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 33316	•	
		I CHRESTRAN FOR TRAINE TREATMENT REPORT WHITE REPORT OF THE REPORT OF THE PROPERTY OF THE PROP
		01242005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPA	CF	
Po Hon Multiplia in 11110 Oi W	I Say Show	4. FE! Number Applied For 65-0940179 Not Applicable
		\$9.75 Additional
		5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent		
WELLS-CULLINS, SYLVIA	Ì	DO NOT WRITE
1600 S.E. 15 STREET,#204	İ	DO NOT WRITE
FT. LAUDERDALE, FL 33316		IN THIS SPACE
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
XIII II	was War	On the dille
SIGNATURE Squater in the organized name of registered agent and title if applicable (NOTE, Register	LVIA VVELLS	- KLUNS 4/14/15
Squakers, your or princed name or registered agent and abilit if applicable (NOTE, Registe	ered Agent signature required	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fine	ancing \$5.	.00 May Be 04/19/05-80001-019 150.00
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution	n. 🗀 Ádd	ed to Fees 077, 137 03 500001 7113 130 100
10. OFFICERS AND DIRECTORS		
TITLE D	' -	
NAME WELLS-CULLINS, SYLVIA		
STREET ADDRESS 1600 S.E. 15 STREET,#204 CITY-ST-ZIP FT. LAUDERDALE, FL 33316		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS	1	
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS	1	
CITY-ST-ZIP	<u>.</u>	
TITLE NAME	1	
STREET ADDRESS		
CITY-SI-ZIP		
TITLE	7	
NAME CTOCT* ADDRESS		
STREET ADDRESS : CITY-ST-ZIP	1	
12. I hereby certify that the information supplied with this filling does not qualify for the ex-	emption stated in Sec	ction 119.07(3)(i). Florida Statutes 1 further certifu that the information
indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.	ature shall have the s	same legal effect as if made under oath; that I am an officer or director
S/1() In . \ \(\tau_1 \)	Warren O.	wine Willer Action Act
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SQUE TO DAYLING SQUE TO DAYLING PRIOR & DAYLING		