


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90093 033 ***150.00

DOCUMENT # S47595 1. Entity Name WELLS' FINE FOOD, INC.					
Principal Place of Business 13407 BOYETE ROAD RIVERVIEW, FL 33569			Mailing Address 13407 BOYETE ROAD RIVERVIEW, FL 33569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0254334	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLS, MARVIN 13407 BOYETTE ROAD RIVERVIEW, FL 33569			Name David Wells Street Address (P.O. Box Number is Not Acceptable) 13407 Boyette Road City Riverview FL Zip Code 33569		
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 David Wells David Wells 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME WELLS, MARVIN		TITLE	NAME Change <input type="checkbox"/> Addition	
STREET ADDRESS 13407 BOYETTE RD.	CITY-ST-ZIP RIVERVIEW, FL 33569		STREET ADDRESS	CITY-ST-ZIP	
TITLE DC	NAME WELLS, JEANNIE		TITLE	NAME Change <input type="checkbox"/> Addition	
STREET ADDRESS 13407 BOYETTE RD.	CITY-ST-ZIP RIVERVIEW, FL 33569		STREET ADDRESS	CITY-ST-ZIP	
TITLE DV	NAME WELLS, DAVID		TITLE DV	NAME Change <input type="checkbox"/> Addition	
STREET ADDRESS 13407 BOYETTE RD.	CITY-ST-ZIP RIVERVIEW, FL 33569		STREET ADDRESS	CITY-ST-ZIP	
TITLE DV	NAME WELLS, DWAYNE		TITLE DPT	NAME Change <input type="checkbox"/> Addition	
STREET ADDRESS 13407 BOYETTE RD.	CITY-ST-ZIP RIVERVIEW, FL 33569		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME S JEANNIE WELLS	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP 13407 Boyette RD Riverview FL 33569	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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 David Wells President 3/28/05 513-689-5193 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					