## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2005 08:00 AM Secretary of State

A	NNUAL	REPORT		
DOCUMENT # S6 1. Entity Name WELLINGTON THOMAS				
Principal Place of Business 5040 WHITE PINE CIRCLE NE ST. PETERSBURG, FL 33703	US	Mailing Address 5040 WHITE PINE CIRCLE NE ST. PETERSBURG, FL 33703	US	
				01252005

I IMPITALE ITA ELLE SIBIR	MILLS BANDS BELL BERLE	BIBIT CIBIL BERIL	. BIBIK BERNABEL SI LABI

CR2E034 (10/03)

NOT WRITE IN THIS SPACE	4. FEI Number	Applied For
	59-3073269	Not Applicab

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DEMANGE, JEAN MULRINE 5040 WHITE PINE CIRCLE NE SAINT PETERSBURG, FL 33703

DO

## DO NOT WRITE IN THIS SPACE

No Chg-P

the obligation	named entity submits this statement for the pons of registered agent.	ourpose of changing	its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (N	NOTE, Registered Agent sign	alure required when reinstating)	DATE
FILE After Ma	NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550.00	9. Election Cam Trust Fund Ci		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
STREET ADDRESS	P DEMANGE, JEAN MULRINE 5040 WHITE PINE CIRCLE NE SAINT PETERSBURG, FL 33703				
NAME	V DEMANGE, THOMAS G. 5040 WHITE PINE CIRCLE NE SAINT PETERSBURG, FL 33703				99999999999999999999999999999999999999
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 CITY-S1-ZIP				-	
12. I hereby o	ertify that the information supplied with this t	iling does not qualify	y for the exemption s	tated in Section 119,07(3	i)(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: JEAN M. DE MANGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAME OF SIGNING OFFICER OR DAME OF SIGNING OFFICER OR DIRECTOR DAME OF SIGNING OFFICER OR DAME OFFICER OR DAME OFFICER OR DAME OFFICER OR DAME