# Kentucky Secretary of State Annual Report

## This Annual Report was submitted electronically

Company Company ID Date Filed Fee WELLS COLLISION CENTER LLC 0569288.06.99999 2/17/2005 \$15.00

## **Principal Office**

#### **Registered Agent**

PO BOX 1043 BURNSIDE, KY 42519 WILLIAM WELLS 5090 S. HWY. #27 SOMERSET, KY 42501

## **Members / Managers**

Member Wiliam Wells

P.O. Box 1043, Burnside, KY 42519

## Signatures

Signature	William Wells
Title	Owner