

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 196077**

1. Entity Name  
W AND O INC



Principal Place of Business  
D/B/A RUSTIC INN  
4331 RAVENSWOOD RD.  
FT. LAUDERDALE, FL 33312

Mailing Address  
D/B/A RUSTIC INN  
4331 RAVENSWOOD RD.  
FT. LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-0799000

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

OREAL, HENRY J  
2888 RIVERLAND RD.  
FT. LAUDERDALE, FL

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000069588  
03/01/04-80017-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	OREAL, HENRY J
STREET ADDRESS	77 SOUTH BIRCH RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	MCDONALD, WAYNE
STREET ADDRESS	301 S.E. 3RD TERRACE
CITY-ST-ZIP	DANIA, FL
TITLE	DST
NAME	OREAL, WAYNE
STREET ADDRESS	3010 EQUESTRIAN DRIVE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DST
NAME	OREAL, WAYNE
STREET ADDRESS	5235 PRINCETON WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PD
NAME	OREAL, HENRY J
STREET ADDRESS	13795 RUFFNER LANE
CITY-ST-ZIP	SEBASTIAN, FL
TITLE	STD
NAME	OREAL, WAYNE H
STREET ADDRESS	4331 RAVENSWOOD RD
CITY-ST-ZIP	FORT LAUDERDALE, FL

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Wayne McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE MCDONALD

02-25-04 954584-1637

Date

Daytime Phone #