


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90037 039 \*\*\*150.00

<b>DOCUMENT # 196077</b> 1. Entity Name <b>W AND O INC</b>	
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Principal Place of Business <b>D/B/A RUSTIC INN 4331 RAVENSWOOD RD. FT. LAUDERDALE, FL 33312</b>	Mailing Address <b>D/B/A RUSTIC INN 4331 RAVENSWOOD RD. FT. LAUDERDALE, FL 33312</b>
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**40005807**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0799000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>OREAL, HENRY J 2888 RIVERLAND RD. FT. LAUDERDALE, FL</b>
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**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OREAL, HENRY J 77 SOUTH BIRCH RD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDONALD, WAYNE 301 S.E. 3RD TERRACE DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OREAL, WAYNE 3010 EQUESTRIAN DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST OREAL, WAYNE 5235 PRINCETON WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OREAL, HENRY J 13795 RUFFNER LANE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OREAL, WAYNE H 4331 RAVENSWOOD RD FORT LAUDERDALE, FL 33312

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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)(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:** *Wayne H. Oreal, SBC TRK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-18-05 954-584-1637*  
Date Daytime Phone

*WAYNE H. OREAL*