

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 270802

1. Entity Name

WAYNE BUILDERS INC



FILED

Mar 28, 2005 08:00 AM
Secretary of State

Principal Place of Business

12710 77TH PL. N.
W. PALM BCH FL 33412
US

Mailing Address

12710 77TH PLACE N.
WEST PALM BEACH FL 33412
US

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

59-1010244

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, SHIRLEY H.
12710 77TH PLACE NORTH
WEST PALM BEACH FL 33412

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER,SHIRLEY H		
STREET ADDRESS	12710 77TH PL N.		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER,JOHN JAMES JR		
STREET ADDRESS	4232D PALM BAY CR		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	PV	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JENNIFER L.		
STREET ADDRESS	12896 5B PLACE N		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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)(l), 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: *Shirley H. Fletcher* Shirley H. Fletcher 3-24-05 561 795-2624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #