

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 358126**

1. Entity Name  
**WYNNE BUILDING CORPORATION**



Principal Place of Business  
**12804 SW 122 AVENUE  
MIAMI, FL 33186**

Mailing Address  
**12804 SW 122 AVENUE  
MIAMI, FL 33186**



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1294759** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**WYNNE, JOEL  
12804 SW 122 AVENUE  
MIAMI, FL 33186**

**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, 2006 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  
**VTD  
NEWMAN, HARVEY  
8000 S U. S. 1  
PORT ST LUCIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WYNNE, JOEL  
12804 SW 122 AVE  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WYNNE, MATTHEW L.  
8000 SO U. S. ]  
PORT ST. LUCIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD  
WYNNE, ERIC P.  
8000 SO U.S. 1  
PORT ST. LUCIE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000450667  
10/10/06-80016-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #