

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 379709

1. Entity Name
WYNNE DEVELOPMENT CORPORATION



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

Mailing Address
**8000 SOUTH US #1
SUITE 402
PORT ST. LUCIE, FL 34952 US**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1349652

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WYNNE, MATTHEW L
8000 SOUTH US 1, #402
PORT ST LUCIE, FL 34952**

**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 renewing)

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	VTD
NAME	NEWMAN, HARVEY
STREET ADDRESS	8000 SOUTH US 1, #402
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	PD
NAME	WYNNE, JOEL
STREET ADDRESS	8000 SOUTH US 1
CITY-ST-ZIP	PT ST LUCIE, FL
TITLE	VD
NAME	WYNNE, MATTHEW L
STREET ADDRESS	8000 SOUTH US 1, STE #402
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	VSD
NAME	WYNNE, ERIC P
STREET ADDRESS	8000 SOUTH US 1, STE #402
CITY-ST-ZIP	PORT ST LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/05-80054-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

2/8/05

(772) 878-5513

Date

Daytime Phone #

Matthew Lyle Wynne