

DEC-01-06 FRI 03:03 PM

FAX NO.

P. 02

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 DEC -4 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 558993					
1. Entity Name WYNN & ASSOCIATES, INC.					
Principal Place of Business 111 PINWOOD AVE BRANDON, FL 33510-4632			Mailing Address 111 PINWOOD AVE BRANDON, FL 33510-4632		
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 59-1807942	
				Applied for Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSIAL, A. J., JR., ESQUIRE 1211 WEST FLETCHER AVE. TAMPA, FL 33612			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Amended AR is \$61.25		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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WYNN, MARGARET L.		NAME	WYNN, ALICIA C.	
STREET ADDRESS	111 PINWOOD AVE		STREET ADDRESS	111 Pinewood Avenue	
CITY-ST-ZIP	BRANDON, FL		CITY-ST-ZIP	Brandon, FL 33510-4632	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 a empowered.					
SIGNATURE: <u>Alicia C. Wynn</u>			Alicia C. Wynn 12/1/06 (813) 681-5505		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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