## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** Feb 16, 2007 8:00 am **DOCUMENT # 825829 Secretary of State** 1. Entity Namo 02-16-2007 90034 006 \*\*\*150.00 THE WAYMAR CORPORATION Principal Place of Business Mailing Address 5728 E. FALL CREEK PKWY, N. INDIANAPOLIS IN 46226 5728 E. FALL CREEK PKWY, N. INDIANAPOLIS IN 46226 2. Principal Place of Business - No P.O. Box # Mailing Address 5141 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 35-1187576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent oha CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 redian City Zip Code FL 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, typed or printed name of registered agent and little it applicable. (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TIBLE Delete MH ☐ Addition PONADER, MARTHA D. NAME NAM 5728 E. FALL CREEK PKWY, N. DRIVE STREET ADORESS STREET ADDRESS INDIANAPOLIS IN CUY-SI-ZIP CHY SI-7/2 PD ☐ Defete Addition 111111 HILL PONADER, WAYNE C. NAMI NAME 5728 E. FALL CREEK PKWY, N. DRIVE STREET ADDRESS STREET ADDRESS INDIANAPOLIS IN CHY ST-ZIP CHY SI 7IP ши Detete HILL Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST ZIE ☐ Delete HILLE ☐ Change ☐ Addition NAMI NAME STREET ADORESS STREET ADDRESS CHY SI ZIP CITY - ST-7IP Delete THE IIDE Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST 7IP ■ Addition 11111 ☐ Delete mu ☐ Change NAME NAM 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 Section 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

FILED