

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F71353

1. Entity Name
DENNIS WYNN ASSOCIATES, INC.



Principal Place of Business
**1266 SNELL ISLE BLVD. N.E.
ST. PETERSBURG, FL 33704**

Mailing Address
**P.O. BOX 7100
ST. PETERSBURG, FL 33734 US**



01092006 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2177827

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WYNN, DENNIS
1266 SNELL ISLE BLVD. N.E.
ST. PETERSBURG, FL 33704**

**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
**DP
WYNN, DENNIS
1266 SNELL ISLE BLVD., NE
ST. PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
WYNN, JEAN
1266 SNELL ISLE BLVD. NE
ST PETERSBURGE, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/19/06-80013-013 150.00

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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: *JEAN WYNN* 1/9/06 727-423-2042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #