

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # H11551**

1. Entity Name

WAVETRONIX, INC.



**FILED  
Apr 12, 2006 8:00 am  
Secretary of State**

04-12-2006 90099 023 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
12449 ENTERPRISE BLVD LARGO FL 33773		PO BOX 18802 CLEARWATER FL 33762	
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	06-1115218	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		
<p>MAYO, ROGER 12449 ENTERPRISE BV LARGO FL 33773</p>				<p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>City <b>FL</b> Zip Code</p>		

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**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, ROGER C.		
STREET ADDRESS	1555 BRIGHTWATERS BLVD NE		
CITY-ST-ZIP	SAINT PETERSBURG FL 33704		
TITLE	STD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, GERALDINE R.		
STREET ADDRESS	1555 BRIGHTWATERS BLVD NE		
CITY-ST-ZIP	SAINT PETERSBURG FL 33704		
TITLE	VD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, DARRYL K		
STREET ADDRESS	625 17TH STREET NE		
CITY-ST-ZIP	SAINT PETERSBURG FL 33704		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER C. MAYO 4/10/06 727-536-7861

Date

Daytime Phone #