

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # H54744

1. Entity Name
WAYNE WILES CARPETS, INC.



Principal Place of Business

**7851 SUPPLY DR.
FT. MYERS, FL 33912**

Mailing Address

**7851 SUPPLY DR.
FT. MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2530639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILES, WAYNE T.
14990 MAYA LANE
FORT MYERS, FL 33908**

**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 relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000101356
04/02/04-80009-019 158.75

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	WILES, WAYNE T.
STREET ADDRESS	14990 MAYA LANE
CITY-STATE-ZIP	FORT MYERS, FL
TITLE	D
NAME	WILES, WAYNE T.
STREET ADDRESS	14990 MAYA LANE
CITY-STATE-ZIP	FORT MYERS, FL
TITLE	V
NAME	WILES, MARK T
STREET ADDRESS	15861 SWALLOWTAIL LANE
CITY-STATE-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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)(i), 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: *Wayne T. Wiles* **WAYNE T. WILES, PRES. 2/2/04 239-267-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #