

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90001 017 ***158.75

DOCUMENT # J24963

1. Entity Name

WAYNE WHITAKER, INC.



Principal Place of Business

2951 BACOM POINT ROAD
P.O. BOX 143
PAHOKEE FL 33476

Mailing Address

2951 BACOM POINT ROAD
P.O. BOX 143
PAHOKEE FL 33476

2. Principal Place of Business

2980 East Main St.
Suite, Apt. #, etc.

3. Mailing Address

2980 East Main St.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PAHOKEE, FLA.

City & State

PAHOKEE, FLA.

4. FEI Number

59-2692195

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, WAYNE
2951 BACOM POINT ROAD
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME WHITAKER, WAYNE
STREET ADDRESS 2951 BACOM POINT ROAD
CITY-ST-ZIP PAHOKEE FL

TITLE VP ☐ Delete
NAME WHITAKER, ALICE
STREET ADDRESS 2951 BACON PT. RD.
CITY-ST-ZIP PAHOKEE FL 33476

TITLE VP ☐ Delete
NAME WHITAKER, BRENDA
STREET ADDRESS 608 SEA PINE WAY #G3
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Whitaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-04 (861-924-2007)