


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J37158</b>	
1. Entity Name WYNDHAM INVESTMENT CORP.	

Principal Place of Business 29656 US 19 N S100 CLEARWATER, FL 34621 US	Mailing Address 29656 US 19 N S100 CLEARWATER, FL 34621 US
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01182006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2727299	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MINIERI, CARL N 29656 US 19 NO CLEARWATER, FL 33761
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**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	VP BRASHER, JOHN C. 29656 US 19 N S100 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINIERI, CARL 29656 US 19 N S100 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MINIERI, CARL N. 29656 US 19 N S100 CLEARWATER, FL 33761
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000000536198  
05/08/06-80084-006 150.00

**DO NOT WRITE  
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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06 7277873111  
Date Daytime Phone #