

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # J41138	
1. Entity Name WAYNE ELECTRIC MOTOR & PUMP, INC.	

Principal Place of Business C/O MICHAEL R. BARKES 400 S. DIXIE HWY. #310 BOCA RATON FL 33432	Mailing Address C/O MICHAEL R. BARKES 400 S. DIXIE HWY. #310 BOCA RATON FL 33432
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2754735	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARKES, MICHAEL R. 400 S. DIXIE HWY. #310 BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete WAYNE, MARK 5333 WINCHESTER WOOD DR. LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000935U04 05/23/08-80055-007 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Mark Wayne **MARK WAYNE** 4/28/08 561-278-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #