

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90016 014 ***150.00

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01252005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2824736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # J63909

1. Entity Name
B. WAYNE ENTERPRISES, INC.



Principal Place of Business
% BRUCE WAYNE VARNADOE
4120 HELENE PLACE
VALRICO, FL 33594

Mailing Address
% BRUCE WAYNE VARNADOE
4120 HELENE PLACE
VALRICO, FL 33594

2. Principal Place of Business
10236 FISHER AVE
Suite, Apt. #, etc.
STE F

3. Mailing Address
10236 FISHER AVE
Suite, Apt. #, etc.
STE F

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

Zip
33619

Country

Zip
33619

Country

6. Name and Address of Current Registered Agent
VARNADOE, BRUCE WAYNE
4120 HELENE PLACE
VALRICO, FL 33594

7. Name and Address of New Registered Agent
Name
BRUCE WAYNE VARNADOE
Street Address (P.O. Box Number is Not Acceptable)
4706 PINNACLE DR
City
BRADENTON FL Zip Code
34208

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]* DATE: 3-28-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS VARNADOE, BRUCE WAYNE 4120 HELENE PLACE VALRICO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4706 PINNACLE DR BRADENTON FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 3-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR