


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90179 035 ***150.00

DOCUMENT # P00000032458 1. Entity Name THE WAYNE CORPORATION					
Principal Place of Business 572 TERRACE DR OVIEDO, FL 32765				Mailing Address PO BOX 622136 OVIEDO, FL 32762	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 572 Terrace Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Oviedo FL		4. FEI Number 59-3645127	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32765		Country US		01032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SONNENSCHNEIN, MICHAEL D ESQ STEIN, SONNENSCHNEIN, HOCHMAN, PEPPLER 1420 ALAFAYA TR., STE. 101 OVIEDO, FL 32765				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 signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TUCKER, BOBBY WAYNE 572 TERRACE DR. OVIEDO, FL 32765	<input type="checkbox"/> Delete			
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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: Bob W. Tucker					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/2/2007 Daytime Phone # 407 3651442					