

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P01000044231**

1. Entity Name  
**WAYNE DEVELOPMENT GROUP & ASSOCIATES INC.**



FILED  
05 DEC 20 AM 10: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1844 A S. HIGHWAY A1A  
SUITE A  
FLAGLER BEACH, FL 32136 US

Mailing Address  
P.O. BOX 352978  
PALM COAST, FL 32135

2. Principal Place of Business  
Suite, Apt. #, etc. #

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

11292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3715360**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALLMON, DONNA A  
30 WESTMORELAND DR  
PALM COAST, FL 32164**

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: *Donna V. Allmon* DATE: **11-30-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	<b>P</b> <b>ALLMON, DONNA V</b> <b>30 WESTMORELAND DR.</b> <b>PALM COAST, FL 32164</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GARROW, ANGELA M</b> <b>108 LINDSAY DR</b> <b>PALM COAST, FL 32137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John D Minaberry</b> <b>2044 OAKS Meadow CR</b> <b>South Daytona, FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Donna V. Allmon</b> <b>30 Westmoreland DR</b> <b>Palm Coast FL 32164</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary - Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Angela M Garrow</b> <b>108 Lindsay DR</b> <b>Palm Coast FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900062280859</b> <b>12/20/05--01007--012 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>John D Minaberry</i>
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: *Donna V. Allmon* DATE: **11-30-05** 386-931-4191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #