

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000073002

1. Entity Name  
JAMES B. WAYNE P.A.



Principal Place of Business  
~~1947 LEE RD~~ 923 Beard Ave.  
WINTER PARK, FL 32789

Mailing Address 923 Beard Ave.  
~~1947 LEE RD~~  
WINTER PARK, FL 32789

2. Principal Place of Business  
923 Beard Ave

3. Mailing Address  
same

Suite, Apt. #, etc.  
Winter Park, FL.

Suite, Apt. #, etc.  
City & State

Zip  
32789

Country  
Orange

Zip  
Country

09122005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3739077

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WAYNE, JAMES B  
238 ST JAMES PL  
LONGWOOD, FL 32750

My residence address

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 *James B Wayne, P.A.*

(NOTE: Registered Agent signature required when reinstating)

10/2/05

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WAYNE, JAMES B  
STREET ADDRESS 238 ST JAMES PL  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200060310072  
10/06/05--01063--020 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James B Wayne, P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/05

Date

Daytime Phone #

407 402 0620

FILED  
05 OCT -6 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*\* Don't know why I didn't not get my  
mail from 1947 Lee Road. I still  
get mail there and at 923 Beard Ave.  
Sorry for the problem - Sincerely*

*PS 2-02*  
*James B. Wayne PA*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 27, 2005

JAMES B. WAYNE P.A.  
C/O JAMES B. WAYNE  
238 ST JAMES PL  
LONGWOOD, FL 32750

SUBJECT: JAMES B. WAYNE P.A.  
Ref. Number: P01000073002

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.