

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000105022

1. Entity Name
WAYLIN ENTERPRISES INC.



Principal Place of Business
313 SEA GULL COURT
EDGEWATER, FL 32141

Mailing Address
313 SEA GULL COURT
EDGEWATER, FL 32141

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09102007

Chg-P

CR2E034 (12/06)

City & State

City & State
EDGEWATER, FL.

4. FEI Number

59-3753547

Applied For

Not Applicable

Zip

Country

Zip

32132-9998

Country

VOLUSIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEIGER, LINDA
313 SEA GULL COURT
EDGEWATER, FL 32141

Name

PELLETIER-GEIGER, LINDA

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

LINDA PELLETIER-GEIGER, PVST

3/10/07

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 PVD ☐ Delete
NAME GEIGER, WAYNE
STREET ADDRESS 313 SEA GULL COURT
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE ST ☐ Delete
NAME GEIGER, LINDA
STREET ADDRESS 313 SEA GULL COURT
CITY-ST-ZIP EDGEWATER, FL 32141

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 DIRECTOR ☒ Change ☐ Addition
NAME GEIGER, WAYNE
STREET ADDRESS 313 SEA GULL CT.
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE PVST ☒ Change ☐ Addition
NAME PELLETIER-GEIGER, LINDA
STREET ADDRESS 313 SEA GULL CT
CITY-ST-ZIP EDGEWATER, FL 32141

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 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

Linda Pelletier-Geiger

3/10/07

386-427-2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 SEP 13 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

