


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000000777 1. Entity Name WYNN-MURRAY, INC	
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Principal Place of Business 2601 E. HENRY STREET BLDG. A TAMPA, FL 33610	Mailing Address PO BOX 360035 TAMPA, FL 33673
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01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0010069	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KELLEY, MICHAEL F 2601 E. HENRY STREET BLDG. A TAMPA, FL 33610
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	P KELLEY, MICHAEL F P.O. BOX 360035 TAMPA, FL 33673
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASHTON, DALE 15440 HAYS ROAD BROOKSVILLE, FL 34810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURRAY, RONALD J 12612 HUDSON AVENUE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYNN, NANNETTE 12839 WYNN LANE HUDSON, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110000462278
03/21/06-80030-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael F. Kelley Michael F. Kelley March 3, 2006 813-232-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #