

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000008283

1. Entity Name
WAYNE'S AUTO & MARINE, INC.



Principal Place of Business
152 SW MONTGOMERY DR
LAKE CITY, FL 32025

Mailing Address
152 SW MONTGOMERY DR
LAKE CITY, FL 32025



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0586456
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, PHYLLIS H
RTE. 18, BOX 681
LAKE CITY, FL 32055

**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	P
NAME	DUKE, HENRY WAYNE SR
STREET ADDRESS	RT 18 BOX 651
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	VP
NAME	DUKE, HENRY WAYNE JR.
STREET ADDRESS	132 SW. WREN CT.
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	ST
NAME	DUKE, PHYLLIS A
STREET ADDRESS	RT 18 BOX 651
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #