

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90185 029 \*\*\*150.00

**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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**01-0586456**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

**152 SW Montgomery DR  
City LAKE City FL Zip Code 32025**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DUKE, HENRY WAYNE SR**  
STREET ADDRESS **RT 18 BOX 651**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☒ Change ☐ Addition  
NAME **27205 US 29**  
STREET ADDRESS **ANDALUSIA, AL 36420**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **DUKE, HENRY WAYNE JR.**  
STREET ADDRESS **132 SW. WREN CT.**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

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

TITLE **ST** ☐ Delete  
NAME **DUKE, PHYLLIS A**  
STREET ADDRESS **RT 18 BOX 651**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE ☒ Change ☐ Addition  
NAME **27205 US 29**  
STREET ADDRESS **ANDALUSIA, AL 36420**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-07**

Date

**386-752-2665**

Daytime Phone #