

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90006 019 ***150.00

DOCUMENT # P02000036057

1. Entity Name
WAYNE'S CUSTOM CABINETS, INC.



Principal Place of Business Mailing Address
**5304 S US HWY 41
DUNNELLON, FL 34432** **4877 SW FLORAL CT
DUNNELLON, FL 34431**

DO NOT WRITE IN THIS SPACE



07032004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0579559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, LISA K
500 SE FORT KING STREET
SUITE A
OCALA, FL**

**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 *Florence Russin* **1395 SW Okee Ridge**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **Dunnellon, FL 34431** **7/19/04**
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	P
NAME	TYO, WAYNE P.
STREET ADDRESS	4877 SW FLORAL COURT
CITY-ST-ZIP	DUNNELLON, FL 34431

TITLE	V
NAME	TYO, SANDRA J
STREET ADDRESS	4877 SW FLORAL COURT
CITY-ST-ZIP	DUNNELLON, FL 34431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Wayne P. Tyo* **Wayne Tyo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04

Date

Daytime Phone #