

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90010 024 ***150.00

DOCUMENT # P02000045533

1. Entity Name

WAYNE EVANS ENTERPRISES, INC.



Principal Place of Business

120 W TOM COSTINE ROAD
LAKELAND FL 33809

Mailing Address

120 W TOM COSTINE ROAD
LAKELAND FL 33809

54036850



MOORE CR2E034 (11/03)

2. Principal Place of Business

1616 SLASH PINE RD.
Suite, Apt. #, etc.

3. Mailing Address

1616 SLASH PINE RD.
Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

90-0025595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, WAYNE
120 W TOM COSTINE ROAD
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name WAYNE EVANS

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

1616 SLASH PINE RD.

City LAKELAND

FL

Zip 33809

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

Wayne Evans

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME EVANS, WAYNE
STREET ADDRESS 120 W TOM COSTINE ROAD
CITY-ST-ZIP LAKELAND FL 33809

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME WAYNE EVANS
STREET ADDRESS 1616 SLASH PINE RD.
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☒ Addition
NAME CHRISTINE EVANS
STREET ADDRESS 1616 SLASH PINE RD.
CITY-ST-ZIP LAKELAND, FL 33809

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 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 Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

Daytime Phone #