


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-20-2004 90004 012 ***150.00

DOCUMENT # P02000118912	
1. Entity Name WAYWARD ENGINEERING, INC.	

Principal Place of Business 7436 FIELDCREST AVE. WINTER PARK, FL 32792	Mailing Address POB 526 GOLDENROD, FL 32733
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2. Principal Place of Business 725 NE 42ND TERRACE	3. Mailing Address 725 NE 42ND TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA, FL	City & State OCALA, FL
Zip 34470	Country MARION



02172004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0805856	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	
WARE, LAWRENCE 7436 FIELDCREST AVE. WINTER PARK, FL 32792	

7. Name and Address of New Registered Agent	
Name WARE, LAWRENCE	
Street Address (P.O. Box Number is Not Acceptable) 725 NE 42ND TERRACE	
City OCALA	Zip Code FL 34470

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WARE, LAWRENCE 7436 FIELDCREST AVE. WINTER PARK, FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 NE 42ND TERRACE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/17/04** **407-765-2450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #