## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								FILED					
DOCUMENT # P03000007199										1 36			
1. Entity Name WYNDHAM CONSTRUCTION SERVICES, INC.											AH 8		
Principal Place of Business Mailing Address								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
29656 US HWY 19 NORTH STE 100 CLEARWATER, FL 33761				29656 US HWY 19 NORTH STE 100 CLEARWATER, FL 33761					17 Media	/ <b>31</b>	eka Elijk√	NIJA	
A. Director Physics of Decision													
2. Principal Place of Business				3. Mailing Address							H		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02112004	Ch	g-P	CR2E0	34 (10/03)	
City & State				· City & State				4. FEI Numbe	er			1	plied For t Applicable
Zip	Zip Country			Zip Count			5. Certificate of Status Desired			Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Re							7. Name and Address of New Registered Agent						
CENTILE MICHAEL I						Name							
GENTILE, MICHAEL L 29656 US HWY 19 NORTH STE 100 CLEARWATER, FL 33761						Street Address (P.O. Box Number is Not Acceptable)							
			City						·	Zip Code			
The above named entity submits this statement for the purpose of changing its registers.							<u> </u>						
the obligat	tions of regis	tered agent.											İ
SIGNATURE.	Signature, typed	d Agent signat	ure required	f when reinstating)			DATE						
				9. Election Campa	ion Fina	ncina		.00 May Be				,	
		FEE IS \$150.00 4 Fee will be \$550	.00	Trust Fund Cont		Ĭ 🗆	Add	led to Fees				•	
10.	-	OFFICERS AND	DIREC		11.			ADDITIONS	CHANG	ES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE	D Delete III MINIERI, CARLA											☐ Change	Addition
STREET ADDRESS	IDRESS 29656 US HWY 19 NORTH STE 100					ET ADDRESS		04.7		033	110	)320	0.00
CITY-ST-ZIP	CLEARW	Delete	TITL	- ST-ZIP	P				1001	2 **15 □ Change	U. UU Addition		
NAME						Œ	MICI	HAEL BE BUSHW	WTIL Y 19	.E N. 572	- 100		
STREET ADDRESS CITY-ST-ZIP					ı	et address . '-st-zip	CLEA	EWATER.	FL	337	5/		
TITLE		, <u> </u>		☐ Delete	ΤΠL							☐ Change	Addition
NAME STREET ADDRESS					NAN STRI	eet address							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE NAME				☐ Delete	TITL NAM							Change	☐ Addition
STREET ADDRESS					STR	EET ADDRESS							
CITY-ST-ZIP				☐ Delete	TITL	- ST- ZIP	ļ	<del>-</del>				Change	Addition
NAME				. Delete	NAM							[_] Gliange	L] AUGILION
STREET ADDRESS CITY-ST-ZIP						eet address '-st-zip							
IITLE				☐ Delete	TITL							Change	Addition
NAME STREET ADDRESS				•	NAN STR	ie Eet address							
CITY-ST-ZIP						-ST-ZIP		176					
indicated	d on this repo	ne information supplied wi ort or supplemental report	is true:	and accurate and that I	my signa	iture shall I	nave the	same legal effe	ct as if m	ade under	oath; that I	am an officer	or director
of the co	propration or a d, or on an at	the receiver or trustee em tachment with an address	owere, with a	a to execute this report Il other like empowered	as requ	rea by Ch	apter 60	z, ⊢iorida Statute	es; and t	nat my nan	ie appears	in Block 10 o	r Block 11 if
SIGNATURE: / Wilhout Lymph the 4/2/2004 727-787-314													
		SIGNATURE AND TYPED OF	HRINTE	NAME OF SIGNING OFFICER	OF DIREC	TOR			Dat	e		Daytime Phone #	

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