2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 06, 2004 8:00 am Secretary of State **DOCUMENT # P03000052928** 1. Entity Name 02-06-2004 90032 021 ***150.00 WYMAN BUILDERS, INC. Mailing Address Principal Place of Business 4835 PINE TREE DRIVE 4835 PINE TREE DRIVE BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address 7124 ASHFORD ASHFORD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Bornson Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ___ WYMAN, JEFFREY Z Street Address (P.O. Box Number is Not Acceptable) 4835 PINE TREE DRIVE **BOYNTON BEACH FL 33436** 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE □ Delete Change NAME WYMAN, JEFFREY Z NAME 7124 ASHFORD LA 4835 PINE-TREE-DRIVE STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 99498 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME WYMAN, JEFFREY Z STREET ADDRESS 4835 PINE TREE DRIVE STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME WYMAN, JEFFREY-Z- --NAME - - -STREET ADDRESS STREET ADDRESS 4835 PINE TREE DRIVE CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete DITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED