

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000111552

1. Entity Name
WAYNE M. AIKEN, INC.



Principal Place of Business
**7996 63 WAY
PINELLAS PARK, FL 33781**

Mailing Address
**7996 63 WAY
PINELLAS PARK, FL 33781**

DO NOT WRITE IN THIS SPACE



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0317959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GROSS, ALAN M
ONE PROGRESS PLAZA STE 1210
ST PETERSBURG, FL 33701**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000868484
04/09/08-80011-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AIKEN, WAYNE M
STREET ADDRESS	7996 63 WAY
CITY-ST-ZIP	PINELLAS PARK, FL 33781
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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 M. AIKEN, Wayne M. Aiken pres. 3/22/08 7275454036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #