


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000128353</b> 1. Entity Name <b>WYNN'S PORTABLE TOILETS AND SEPTIC, INC.</b>	
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Principal Place of Business <b>6309 PINE ISLAND ROAD ARCADIA, FL 34266</b>	Mailing Address <b>P. O. BOX 1980 ARCADIA, FL 34265 US</b>
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**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0421660</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SICA, VINCENT A  
10 S DESOTO AVENUE SUITE 101  
ARCADIA, FL 34266**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNN, ROBERT B SR PO BOX 1980 ARCADIA, FL 34265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WYNN, LOIS H PO BOX 1980 ARCADIA, FL 34265
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U000000626889  
02/15/07-80039-006 150.00

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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: Lois H. Wynn LOIS H WYNN 2/15/07 863-494-5716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #