
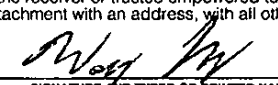


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153004 1. Entity Name WAYNE JONES INC.						<div style="font-size: 24px; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="font-size: 18px; transform: rotate(-15deg);">05 APR 27 AM 10:28</div> <div style="font-size: 14px; transform: rotate(-15deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1515 GRAM LANE TALLAHASSEE, FL 32310				Mailing Address 1515 GRAM LANE TALLAHASSEE, FL 32310			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, WAYNE 1515 GRAM LANE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOCA, PAUL P.O. BOX 180421 TALLAHASSEE, FL 32318 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Howard E Beal 1515 Gram Ln. TALL. FL. 32310 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">900054123429</div> <div style="text-align: center;">05/10/05--01006--015 **150.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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: 				Date APR 27 2005 Telephone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				T. Roberts			