

2005 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90541 023 ***150.00

DOCUMENT # P04000009199
1. Entity Name
WYNNS CONSTRUCTION OF JACKSONVILLE, INC

DO NOT WRITE IN THIS SPACE

50046632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6221 ST. AUGUSTINE RD Suite, Apt. #, etc.	3. Mailing Address 6221 ST. AUGUSTINE RD Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 16-1690302	Applied For Not Applicable
Zip 32217	Country USA	Zip 32217	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name VICTORIA P WYNN		
	Street Address (P.O. Box Number is Not Acceptable) 6221 ST. AUGUSTINE RD		
	City JACKSONVILLE	FL	Zip Code 32217

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYNN, VICTORIA P. 6221 ST. AUGUSTINE RD JACKSONVILLE FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA P WYNN *[Signature]* 4/29/05 (904) 448-0720

CR2E034B (12/01)