

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90037 029 \*\*\*150.00

0000000000 P04000064113

1. Entity Name  
**WAYNE PAYTAS HOMES, INC.**



Principal Place of Business  
1960 US 1 SOUTH  
SUITE 352  
ST. AUGUSTINE, FL 32086

Mailing Address  
1960 US 1 SOUTH  
SUITE 352  
ST. AUGUSTINE, FL 32086

40010616



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292005

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000000000000

City & State

City & State

4. FEI Number

86-1105327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

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\$8.75

0000000000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYTAS, WAYNE F SR  
1960 US 1 SOUTH  
SUITE 352  
ST. AUGUSTINE, FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00

0000000000

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME STREET ADDRESS CITY-ST-ZIP	P PAYTAS, WAYNE F SR 1960 US 1 SOUTH SUITE 352 ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05

904 545-5700

Day

Daytime Phone #