


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90131 024 ***150.00

DOCUMENT # P04000064113	
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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
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2. Principal Place of Business 1105 South US 1 Suite, Apt. #, etc. Suite 106 City & State Bunnell FL Zip 32110 Country US	3. Mailing Address 1105 South US 1 Suite, Apt. #, etc. Suite 106 City & State Bunnell FL Zip 32110 Country US
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04022006 Chg-P CR2E034 (11/05)

4. FEI Number 86-1105327	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAYTAS, WAYNE F SR. 1960 US 1 SOUTH SUITE 352 ST. AUGUSTINE, FL 32086	
7. Name and Address of New Registered Agent Name WAYNE PAYTAS SR Street Address (P.O. Box Number is Not Acceptable) 1105 South US 1 City Bunnell FL Zip Code FL 32110	

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PAYTAS, WAYNE F SR STREET ADDRESS 1960 US 1 SOUTH SUITE 352 CITY-ST-ZIP ST. AUGUSTINE, FL 32086	<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
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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: _____ **3/31/06** **904 545-5702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #