

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 028 ***150.00

DOCUMENT # P04000071171

1. Entity Name
WONDERS, INC.



Principal Place of Business
**18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179
US**

Mailing Address
**18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179
US**



2. Principal Place of Business

3. Mailing Address

8440 S.E. 183rd Ave Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

OCKLAWAHA FL

4. FEI Number

20-1082085

Applied For

Not Applicable

Zip

Country

Zip

Country

32179

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WONDERS, SUE
18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
WONDERS, SUE
18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
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WONDERS, SUE
18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179** ☐ Delete

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OCKLAWAHA FL 32179** ☐ Delete

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CITY-ST-ZIP
**VP
WONDERS, HAROLD
18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179** ☐ Delete

TITLE
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CITY-ST-ZIP
Change ☐ Addition

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WONDERS, SUE
18236 S.E. 95TH STREET ROAD
OCKLAWAHA FL 32179** ☐ Delete

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☐ Change ☐ 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: Sue Wonders **Sue Wonders**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 5, 05 **352-288-4234**

Date

Daytime Phone #