

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000071171

1. Entity Name
WONDERS, INC.



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

Mailing Address
8660 SE 183RD AVE RD
OCKLAWAHA, FL 32179 US

FILED
Mar 13, 2006 08:00 AM
Secretary of State



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1082085

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

110000466120
03/22/06-00063-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WONDERS, SUE
STREET ADDRESS	18236 S.E. 95TH STREET ROAD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	S
NAME	WONDERS, SUE
STREET ADDRESS	18236 S.E. 95TH STREET ROAD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	T
NAME	WONDERS, SUE
STREET ADDRESS	18236 S.E. 95TH STREET ROAD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	VP
NAME	WONDERS, HAROLD
STREET ADDRESS	18236 S.E. 95TH STREET ROAD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	D
NAME	WONDERS, SUE
STREET ADDRESS	18236 S.E. 95TH STREET ROAD
CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sue Wonders Sue Wonders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 9, 06

Date

352-288-3467

Daytime Phone #