


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2005 8:00 am**  
**Secretary of State**

06-24-2005 90003 044 \*\*\*150.00

<b>DOCUMENT # P04000089292</b>	
1. Entity Name <b>WAYNE'S PAINTING OF NORTH FLORIDA, INC.</b>	

Principal Place of Business <b>PO BOX 317 HAMPTON, FL 32044</b>	Mailing Address <b>PO BOX 317 HAMPTON, FL 32044</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06032005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1299043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DRUMMOND, DONALD L EA 103 EDWARDS ROAD STARKE, FL 32091</b>		7. Name and Address of New Registered Agent	
		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 _____	DATE _____
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**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P E. WAYNE, JONES PO BOX 317 HAMPTON, FL 32044 <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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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

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: 	6/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date

ATTACHMENT

40089357

Drummond ♦ Financial ♦ Services

Enrolled To Practice Before The I.R.S.

263 N. Temple Ave. Starke, FL 32091

Phone (904) 964-8335

Fax (904) 964-8532



Member N.A.E.A.

Donald L. Drummond, E.A.

July 3, 2005

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Waynes Painting of North Florida, Inc.

P04000089292

Dear Sirs:

Our client did not receive an UBR notice and therefore did not file the UBR by May 1<sup>st</sup>. We have enclosed the UBR along with a check for \$150.00.

Please accept this enclosed copy of the UBR and remove any late fees in connection with this report. Your prompt attention and consideration is greatly appreciated.

Sincerely,

A handwritten signature of Donald L. Drummond.

Donald L. Drummond

A handwritten signature of E. Wayne Jones.  
\_\_\_\_\_  
E. Wayne Jones

6-3-05  
Date

DLD/cad  
Enclosure