


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90114 017 ***150.00

DOCUMENT # P04000164544 1. Entity Name WAYNE'S METAL FRAMING, INC.					
Principal Place of Business 4907 LYNCHBURG ROAD WINTER HAVEN FL 33881			Mailing Address 4907 LYNCHBURG ROAD WINTER HAVEN FL 33881		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 592 Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-2027362	
Country ORANGE		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGUS, ROBERT W 1362 HAVENDALE BLVD. NW WINTER HAVEN FL 33881-1386				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 <u>Wayne Collins</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-30-05</u>					
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. <input type="checkbox"/> \$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	D COLLINS, WAYNE 4907 LYNCHBURG ROAD WINTER HAVEN FL 33881 <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 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: Wayne Collins Wayne Collins 4-30-05 863
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #