

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 25, 2006 8:00 am**  
**Secretary of State**

08-25-2006 90001 013 \*\*\*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  
P.O. BOX 592  
LAKE ALFRED FL 33850



2. Principal Place of Business

11129 Old Point City Rd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 592  
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

LAKE ALFRED FL

City & State

LAKE ALFRED FL

4. FEI Number

20-2027362

Applied For

Not Applicable

Zip

33850

Country

FL

Zip

33850

Country

FL

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

ANGUS, ROBERT W  
1362 HAVENDALE BLVD. NW  
WINTER HAVEN FL 33881-1386

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 \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME COLLINS, WAYNE  
STREET ADDRESS 4907 LYNCHBURG ROAD  
CITY - ST - ZIP WINTER HAVEN FL 33881 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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CITY - ST - ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

Wayne Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-06 5572803

Date

Daytime Phone #