2006 FOR PROFIT CORPORATION

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

ANNUAL REPORT			_	Secret	tary of State
DOCUMENT # P04142 1. Enlity Name WENDCO CORPORATION					ary or state
Principal Place of Business Mailing Address 220 WEST GARDEN STE - 500 PENSACOLA, FL 32501 US Mailing Address 220 WEST GARDEN STE - 500 PENSACOLA, FL 32501 US					S ATMISS BIEGS BIEGS AIMS BSAGS BSAGINERS SI GERT
DO NOT WRITE I	CE	03142008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied For Not Applied 5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent and the fill in the printed name of registered agent.		i Agent signature required t		n, in the State of Flo	rida. I am Iamillar with, and accep
After May 1, 2006 Fee will be \$550.00	Trust Fund Cantribution.	☐ Adde	d to Fees		
10. OFFICERS AND DIRE TITLE S NAME SPILLAR, JOHN B. STREET ADDRESS 220 W GARDEN ST., SUITE 500 CITY-ST-ZIP PENSACOLA, FL TITLE PT NAME WEBB, ROGER W STREET ADDRESS 220 W GARDEN #500 CITY-ST-ZIP PENSACOLA, FL TITLE NAME STREET ADDRESS			DO:		506216 30014-008 150.00 RITE
CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				HIS SP	
STREET ADDRESS CITY-ST-ZIP TITLE					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions combined 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 tripstee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachipent with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CCTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 850/433-5425