## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 11, 2008 08:00 AN Secretary of State **DOCUMENT # P05000001137** 1. Entity Name WAYNE HODGES, INC. Principal Place of Business Mailing Address 2860 FIREHOUSE RD 2860 FIREHOUSE RD DELAND, FL 32720 DELAND, FL 32720 No Chg-P 01072008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2095704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HODGES, WAYNE DO NOT WRITE 2860 FIREHOUSE RD DELAND, FL 32720 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 lamiliar 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) FILE NOW!!! FEE.IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HODGES, WAYNE NAME U00000822643 02/20/08-80007-023 150.00 STREET ADDRESS 2860 FIREHOUSE RD CITY-ST-ZIP DELAND, FL 32720 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

**FILED**