

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020213

Entity Name: WAYNE T. FELLOWS, INC.

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

2 WEST BLVD. NORTH
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 642
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 59-3227620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELLOWS, KATIE S
202 NORTH MIAMI AVENUE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/PR () Delete
Name: FELLOWS, KATIE S
Address: 202 NORTH MIAMI AVENUE
City-St-Zip: DAVENPORT, FL 33837

Title: VP () Delete
Name: FELLOWS, WAYNE T
Address: 202 NORTH MIAMI AVENUE
City-St-Zip: DAVENPORT, FL 33837

Title: TREA () Delete
Name: FELLOWS, DONNA P
Address: 202 NORTH MIAMI AVENUE
City-St-Zip: DAVENPORT, FL 33837

Title: SEC () Delete
Name: SUMNER, CATHY S
Address: 204 NORTH MIAMI AVENUE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: FELLOWS, DONNA P
Address: 1814 NOTTINGHAM SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIE S. FELLOWS

PRES

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date