

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091131

Entity Name: WYNN'S CATERING, INC.

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

1090-1ST AVE S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1090-1ST AVE S
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0558180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYNN, TIMOTHY
1090-1ST AVE S
NAPLES, FL 34102 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 () Delete
Name: WYNN, TIMOTHY
Address: 562 WEST PLACE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: WYNN, LARRY
Address: 6881 BOTTLEBRUSH RD.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: WYNN, JERRY
Address: 484 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: SMITH, LINDA A
Address: 102 TUPELO RD.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: WYNN, THOMAS
Address: 5401 6TH AVE. S.W.
City-St-Zip: NAPLES, FL 34116

Title: T () Delete
Name: WYNN, MICHAEL A
Address: 3720 BALI LN
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Chapter 119, 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: MICHAEL A WYNN, CPA

T

01/19/2007

Electronic Signature of Signing Officer or Director

Date