

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062368

Entity Name: WENONE, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

900 S.E. 17TH STREET
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

145 CITRUS PARK CIR
BOYNTON BCH, FL 33436 US

New Mailing Address:

FEI Number: 65-0606361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
100 SECOND AVENUE SOUTH
SUITE 1201
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH
SUITE 380
ST. PETERSBURG, FL 33701 US

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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANZIONE, MICHAEL J
Address: 145 CITRUS PARK CIR
City-St-Zip: BOYNTON BCH, FL

Title: D () Delete
Name: ROHRER, DEREK S
Address: 5200 SEMINOLE BLVD. SUITE H
City-St-Zip: ST. PETERSBURG, FL 33708

Title: D () Delete
Name: CARR, TERRY
Address: 13085 96 AVE N
City-St-Zip: SEMINOLE, FL

Title: D () Delete
Name: BACH, WALTER D JR
Address: 68 KIMBERLY DRIVE
City-St-Zip: DURHAM, NC

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:

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: MORRIS A. LECOMPTE

RA

04/26/2005

Electronic Signature of Signing Officer or Director

Date