

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State,

Dept of STATE

DOCUMENT # P96000021244

Entity Name
WAYNE - JEN, INC.



Principal Place of Business
1056 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909

Mailing Address
1056 N.E. PINE ISLAND ROAD
CAPE CORAL, FL 33909



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0671549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUFFARD, JENNIFER
23 N.E. 1ST PLACE
CAPE CORAL, FL 33909

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I, 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 familiar 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, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
01/30/06-80047-022 150.00

OFFICERS AND DIRECTORS

P
BOUFFARD, WAYNE
2025 N.E. 1ST PLACE
CAPE CORAL, FL 33909

VP
BOUFFARD, JENNIFER
2025 N.E. 1ST PLACE
CAPE CORAL, FL 33909

ADDRESS
STATE

ADDRESS
STATE

ADDRESS
STATE

ADDRESS
STATE

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #