


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000033330 1. Entity Name WANDA'S AMUSEMENTS, INC.	
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Principal Place of Business 8402 CEDAR GROVE CHURCH ROAD PLANT CITY, FL 33567	Mailing Address 8402 CEDAR GROVE CHURCH ROAD PLANT CITY, FL 33567
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3389617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAYES, MALCOLM K CPA
503 WEST DRANE SOUTH
PLANT CITY, FL 33564**

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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 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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000899280 04/28/08-80032-024 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	MARTIN, WANDA B
NAME	
STREET ADDRESS 8402 CEDAR GROVE CHURCH ROAD	
CITY-ST-ZIP PLANT CITY, FL 33567	
TITLE D	MARTIN, WANDA B
NAME	
STREET ADDRESS 8402 CEDAR GROVE CHURCH ROAD	
CITY-ST-ZIP PLANT CITY, FL 33567	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 807, 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.

SIGNATURE: *Wanda B. Martin* **WANDA B. MARTIN** 4/14/08 (813) 781-9376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #