


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90024 017 \*\*\*150.00

<b>DOCUMENT # P96000064247</b> 1. Entity Name <b>WYNN'S FISHING &amp; LODGING, INC.</b>			
Principal Place of Business <b>5350 HIGHWAY 441 SE OKEECHOBEE, FL 34974</b>		Mailing Address <b>1865 NW 50TH AVE OKEECHOBEE, FL 34974</b>	
2. Principal Place of Business <b>1865 N.W. 50th AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1865 N.W. 50th AVE</b> Suite, Apt. #, etc.	
City & State <b>Okeechobee, Florida</b>		City & State <b>Okeechobee, Florida</b>	
Zip <b>34972</b>		Country <b>FLORIDA</b>	
4. FEI Number <b>59-3436369</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FRALIX, JOHNNIE R 5350 HIGHWAY 441 SE OKEECHOBEE, FL 34974</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Johnnie R. FRALIX</u> <u>Johnnie R. Fralix</u> <b>4-12-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALIX, WYNN <b>5350 HIGHWAY 441 SE</b> <b>OKEECHOBEE, FL 34974</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALIX WYNN <b>1865 N.W. 50th AVE</b> <b>Okeechobee, FL 34972</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALIX, JOHNNIE R <b>1865 NW 50TH AVENUE</b> <b>OKEECHOBEE, FL 34972</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALIX WYNN <b>1865 N.W. 50th AVE</b> <b>Okeechobee, FL 34972</b>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.			
SIGNATURE: <u>Johnnie Fralix</u> <u>Johnnie FRALIX D</u> <b>4-12-04</b> <b>863 763-2612</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			