


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000081358		
1. Entity Name WY SUBS, INC.		
Principal Place of Business 331 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984 US	Mailing Address 1219 S.W. CURTIS STREET PORT ST. LUCIE, FL 34983	
DO NOT WRITE IN THIS SPACE		
		02222006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0704797
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BORGMANN, DENNIS H 1219 S.W. CURTIS STREET PORT ST. LUCIE, FL 34983		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DATE 03/21/06-80035-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORGMANN, DENNIS H 1219 S.W. CURTIS ST PORT ST. LUCIE, FL 34983	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BORGMANN, DANIE R 1781 PELICAN AVE. VENTURA, CA 93003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BORGMANN, MICHELLE K 1781 PELICAN AVE. VENTURA, CA 93003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/6/06 7728787386 <small>Date Daytime Phone #</small>