


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000090107

1. Entity Name
WYLDE THYME HAMMOCK, INC.



Principal Place of Business 2861 SHERMAN AVENUE NAPLES, FL 34120	Mailing Address 2861 SHERMAN AVENUE NAPLES, FL 34120
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DO NOT WRITE IN THIS SPACE



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3409233	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

**MARD, LARS A
 2861 SHERMAN AVENUE
 NAPLES, FL 34120**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARD, LARS A 2861 SHERMAN AVENUE NAPLES, FL 34120
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 07/15/05-80008-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/11/05 239 352 9115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #