

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90075 022 \*\*\*150.00

**DOCUMENT # P97000015303**

1. Entity Name  
**GAIL & WYNN'S MORTUARY, INC.**



Principal Place of Business  
**1300 BRUTON BOULEVARD  
ORLANDO, FL 32805**

Mailing Address  
**1300 BRUTON BOULEVARD  
ORLANDO, FL 32805**

**50008779**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3399162**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYNN, ALEXANDER C III  
1300 BRUTON BOULEVARD  
ORLANDO, FL 32805**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WYNN, ALEXANDER C III  
STREET ADDRESS 1300 BRUTON BOULEVARD  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE VD ☐ Delete  
NAME THOMAS-DE WITT, GAIL A  
STREET ADDRESS 1300 BRUTON BOULEVARD  
CITY-ST-ZIP ORLANDO, FL 32805

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Paul A. Thomas* Jan 27, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

50008779

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 24, 2005

GAIL & WYNN'S MORTUARY, INC.  
1300 BRUTON BOULEVARD  
ORLANDO, FL 32805

SUBJECT: GAIL & WYNN'S MORTUARY, INC.  
Ref. Number: P97000015303

We have received your document for GAIL & WYNN'S MORTUARY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 505A00004688



## Division of Corporations

## Annual Report

ATTACHMENT

50008779

Document Number

P97000015303

Business Entity Name

GAIL &amp; WYNN'S MORTUARY, INC.

FEI Number

593399162

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

## Principal Place of Business

Address

1300 BRUTON BOULEVARD

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32805

## Mailing Address

Address

1300 BRUTON BOULEVARD

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32805

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WYNN

ALEXANDER

C

III

-or- RA Business Name

Address

1300-BRUTON BOULEVARD

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32805

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

forgery under s.831.06, Florida Statutes.

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## Officer/Director Name And Address

Title PD  
Name (Last, First, Middle, Title) WYNN ALEXANDER C III  
-or- Entity Name  
Street Address 1300 BRUTON BOULEVARD  
City, State ORLANDO FL  
Zip Code & Country 32805

Title VD  
Name (Last, First, Middle, Title) THOMAS-DE WITT GAIL A  
-or- Entity Name  
Street Address 1300 BRUTON BOULEVARD  
City, State ORLANDO FL  
Zip Code & Country 32805

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name

**ATTACHMENT**

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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically, or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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