

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90040 020 ***150.00

DOCUMENT # P97000077747

1. Entity Name

WAYNE ROBERTS BUILDING CONTRACTOR, INC.



Principal Place of Business

2862 CROSLY DR. W.
UNIT E
WEST PALM BEACH FL 33415

Mailing Address

2862 CROSLY DR. W.
UNIT E
WEST PALM BEACH FL 33415



2. Principal Place of Business - No P.O. Box #

2862 Crosley Dr. W.

3. Mailing Address

2862 Crosley Dr. W

Suite, Apt. #, etc.

UNIT E

Suite, Apt. #, etc.

UNIT E

1st MOORE

CR2E034 (10/07)

City & State

WPB, FL

City & State

WPB, FL

4. FEI Number

65-0779363

Applied For

Not Applicable

Zip

33415

Country

PB

Zip

33415

Country

PB

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

ROBERTS, WAYNE
2862 CROSLY DR. W.
UNIT E
WEST PALM BEACH FL 33415

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME ROBERTS, WAYNE ☐ Delete
STREET ADDRESS 2862 CROSLY DR. W., UNIT E
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-08 561-884-1720