2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000085026

1. Entity Name
HOUSE CALLS BY WAYNE, INC.

Principal Place of Business	Mailing Address
28510 SW 143RD CT HOMESTEAD, FL 33033	28510 SW 143RD CT HOMESTEAD, FL 33033

DO NOT WRITE IN THIS SPACE

03092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0869797	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOCKMAN, PETER M ESQ.
633 NORTH KROME AVE
HOMESTEAD, FL 33030

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000669493 03/27/07-80074-009 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	STOCKWELL, WAYNE	
STREET ADDRESS	28510 SW 143RD CT	
CITY-ST-ZIP	HOMESTEAD, FL 33033	
TITLE		
NAME		
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CITY-ST-ZIP		

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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: ___Wayne Stockwell___ ___WAYNE STOCKWELL___ ___3/1/07___ ___305-498-4621___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #