

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000028387**

1. Entity Name  
**WAYNE'S WORLD OF PAINTBALL, INC.**



Principal Place of Business  
**4841 S. PINE  
OCALA, FL 34480 US**

Mailing Address  
**P.O. BOX 669  
SPARR, FL 32192 US**

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3644644</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DOLLACK, JACQUELINE F  
3151 N.W. 137TH PLACE  
REDDICK, FL 32686**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) 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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DOLLACK, WAYNE R
STREET ADDRESS	3151 N.W. 137TH PLACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	VP
NAME	DOLLACK, JACQUELINE F
STREET ADDRESS	3151 N.W. 137TH PLACE
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	ST
NAME	DOLLACK, WYNTER R
STREET ADDRESS	1150 SORIA AVE.
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80061-015 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jacqueline Dollack (JACQUELINE DOLLACK)* 4/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *352-591-2240* Daytime Phone *352-591-2240*