


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90290 036 ***150.00

DOCUMENT # P99000038145		
1. Entity Name WEMBLEY, INC.		

Principal Place of Business 304 HARRISON AVE PANAMA CITY FL 32401 US	Mailing Address 304 HARRISON AVE PANAMA CITY FL 32401 US
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2. Principal Place of Business 2507 PELICAN BAY DR.	3. Mailing Address 2507 PELICAN BAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State PANAMA CITY BEACH, FL	City & State PANAMA CITY BEACH, FL	4. FEI Number 59-3590276	Applied For <input type="checkbox"/> Not Applicable
Zip 32408	Country USA	Zip 32408	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASHBY, PETER 304 HARRISON AVE PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name PETER ASHBY Street Address (P.O. Box Number is Not Acceptable) 2507 PELICAN BAY DRIVE City PANAMA CITY BEACH FL Zip Code 32408	
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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 *Peter L. Ashby* DATE APRIL 12th 2005

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBY, PETER 2507 PELICAN BAY DRIVE PANAMA CITY FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASHBY, SUSAN 2507 PELICAN BAY DR PANAMA CITY FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter L. Ashby* DATE APRIL 12th 2005 850,235,8826

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