

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 030 ***150.00

DOCUMENT # P99000092699

1. Entity Name

JOE WYNN II, INC.



Principal Place of Business

**719 WEST WILCOX STREET
PERRY FL 32347**

Mailing Address

**719 WEST WILCOX STREET
PERRY FL 32347**

2. Principal Place of Business

515 N. Washington St.
Suite, Apt. #, etc.

3. Mailing Address

515 N. Washington St.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Perry, FL
Zip **32347** Country **USA**

City & State

Perry, FL
Zip **32347** Country **USA**

4. FEI Number

59-3614431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WYNN, AMOS J
719 WEST WILCOX STREET
PERRY FL 32347**

7. Name and Address of New Registered Agent

Name

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

515 N. Washington Street

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 *Amos J. Wynn*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 | <input type="checkbox"/> Delete |
| NAME | WYNN, AMOS J | |
| STREET ADDRESS | 719 WEST WILCOX STREET | |
| CITY-ST-ZIP | PERRY FL 32347 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 515 N. Washington Street | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Amos J. Wynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amos J. Wynn

Amos J. Wynn **3/2/04** **850-584-2566**

Date

Daytime Phone #