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HAP CPAS

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90065 035 ***150.00

DOCUMENT # 438130 1. Entity Name W. C. PADGETT, INC.					
Principal Place of Business 6207 28TH ST EAST BRADENTON FL 34203			Mailing Address 6207 28TH ST EAST BRADENTON FL 34203		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 5125 MANATEE AVE W.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State BRADENTON FL		4. FEI Number 59-1493784	
Zip 		Zip 34209		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YETTER, DONALD W 1111 9TH AVE WEST SUITE B BRADENTON FL 34205				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, name, or print of person or persons authorized to make a statement. (NOTE: Registered Agent signature required when making up)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST PADGETT, AGNES 11427 SW COURTNEY DR LAKE SUZY FL 34205	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD STANISH, SANDRA 22508 67TH AVE E BRADENTON FL 34203	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 like empowered.					
SIGNATURE: <u>Sandra Stanish</u> President 4/24/07 941-764-5995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					