

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004824

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: WATERFORD FINANCIAL SERVICES, INCORPORATED

**Current Principal Place of Business:**

11350 MCCORMICK RD  
EP III, SUITE 400  
HUNT VALLEY, MD 21031

**New Principal Place of Business:**

**Current Mailing Address:**

11350 MCCORMICK RD  
EP III, SUITE 400  
HUNT VALLEY, MD 21031

**New Mailing Address:**

FEI Number: 52-1940966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PFAUTZ, PATRICIA A  
197 GRAND OAK CIRCLE  
VENICE, FL 34292 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR. ( ) Delete  
Name: PFAUTZ, DAVID H  
Address: 197 GRAND OAKS CIRCLE  
City-St-Zip: VENICE, FL 34292

Title: MR. ( ) Delete  
Name: PFAUTZ, DAVID B  
Address: 619 CAMERON RIDGE CT  
City-St-Zip: PARKTON, MD 21120

Title: MR. ( ) Delete  
Name: KELLY, JAMES F JR  
Address: 7100 SECURITY BLVD STE. 100  
City-St-Zip: BALTIMORE, MD 21244

Title: MRS. ( ) Delete  
Name: PFAUTZ, PATRICIA A  
Address: 197 GRAND OAKS CIRCLE  
City-St-Zip: VENICE, FL 34292

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. BROOKE PFAUTZ

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date