

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003357

Entity Name: WACO ASSOCIATES, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

6236 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32216

New Principal Place of Business:

11471 COLUMBIA PARK DR. WEST
JACKSONVILLE, FL 32256

Current Mailing Address:

ATTN: CFO
2546 GENERAL ARMISTEAD AVE.
NORRISTOWN, PA 19403

New Mailing Address:

FEI Number: 23-2386877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: P () Delete
Name: ROSE, JEFFREY A
Address: 2546 GEN. ARMISTEAD AVE.
City-St-Zip: NORRISTOWN, PA 19403

Title: S () Delete
Name: ROSE, DIANE
Address: 2546 GEN. ARMISTEAD AVE.
City-St-Zip: NORRISTOWN, PA 19403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROBERT RUPRECHT

ACCT

04/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date