


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90314 004 \*\*\*150.00

**DOCUMENT # P93000007815**

1. Entity Name  
**WATERFORD NORTH, INC.**



Principal Place of Business <b>395 COMMERCIAL CT          STE A          VENICE, FL 34292 US</b>	Mailing Address <b>395 COMMERCIAL CT          STE A          VENICE, FL 34292 US</b>
---	---

2. Principal Place of Business <b>333 S. Tamiami Trail          Suite, Apt. #, etc.          Suite 101</b>	3. Mailing Address <b>333 S. Tamiami Trail          Suite, Apt. #, etc.          Suite 101</b>
---	---

City & State <b>Venice, FL</b>	City & State <b>Venice, FL</b>
Zip <b>34285</b>	Country
Zip <b>34285</b>	Country



01072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0386756</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W  
 395 COMMERCIAL CT  
 STE A  
 VENICE, FL 34292**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL W 395 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARRISH, JAYNE E 395 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, T D 395 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - Miller, Michael W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD - Parrish, Jayne E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD - Miller, T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ **4/27/04** **941-441-1380**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #