
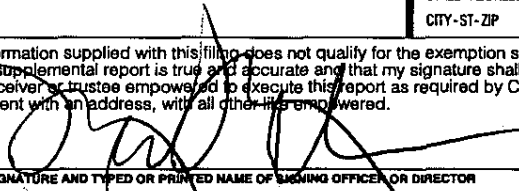


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2004 90250 046 \*\*\*150.00

<b>DOCUMENT # S38940</b>			
1. Entity Name WATERFORD SOUTH, INC.			
Principal Place of Business 395 COMMERCIAL CT STE A VENICE, FL 34292 US		Mailing Address 395 COMMERCIAL CT STE A VENICE, FL 34292 US	
2. Principal Place of Business 333 S. Tamiami Trail Suite, Apt. #, etc. Suite 101		3. Mailing Address 333 S. Tamiami Trail Suite, Apt. #, etc. Suite 101	
City & State Venice, FL		City & State Venice, FL	
Zip 34285	Country	Zip 34285	Country
4. FEI Number 65-0250491		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	DP MILLER, MICHAEL 395 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP - 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 395 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete	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 395 COMMERCIAL CT, STE A VENICE, FL 34292 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 lists empowered.			
SIGNATURE: 		Date: 4/27/04 Daytime Phone #: 941-441-1380	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	