

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000130130

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC0177035047**

**Entity Name:** VICTOR WADDELL CARPENTRY CONTRACTOR, INC.

**Current Principal Place of Business:**

588 WHIDDEN RD  
LABELLE, FL 33935

**Current Mailing Address:**

P.O. BOX 2690  
LABELLE, FL 33975 US

**FEI Number: 36-4543655**

**Certificate of Status Desired: Yes**

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

WADDELL, VICTOR  
588 WHIDDEN RD  
LABELLE, FL 33935 US

*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

**Officer/Director Detail :**

Title PD  
Name WADDELL, VICTOR  
Address 588 WHIDDEN RD  
City-State-Zip: LABELLE FL 33935

Title VPS  
Name WADDELL, LORI  
Address 588 WHIDDEN RD  
City-State-Zip: LABELLE FL 33935

Title D  
Name WADDELL, MATTHEW  
Address P O BOX 2690  
City-State-Zip: LABELLE FL 33975

*I hereby 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 all other like empowered.*

**SIGNATURE: LORI WADDELL**

**VPS**

**01/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date