

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 177711

1. Entity Name
LAIRD REALTY COMPANY



Principal Place of Business
**8319 WHISPERING WOODS CT
BRADENTON, FL 34202 US**

Mailing Address
**8319 WHISPERING WOODS CT
BRADENTON, FL 34202 US**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0709969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAITE, RITA S
8319 WHISPERING WOODS CT
BRADENTON, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	WRIGHT, JEAN
STREET ADDRESS	1066 EVERGREEN TR
CITY-ST-ZIP	HALIFAX, VA 24558
TITLE	P
NAME	WAITE, RITA
STREET ADDRESS	8319 WHISPERING WOODS COURT
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	DOYLE, AILEEN
STREET ADDRESS	450 WESTBROOK LN
CITY-ST-ZIP	MARTINSVILLE, VA 24112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000266635
03/17/05-80038-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Rita S. Waite **Rita S. Waite**

Date

Daytime Phone #

3/7/05 941-909-7391