2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 201005

1. Entity Name
WALDOT CORP.

Principal Place of Business	Mailing Address
20 HOPSON RD JACKSONVILLE, FL 32250	20 HOPSON RD JACKSONVILLE, FL 32250

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01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0790087
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOFTIN, WILLIAM A., JR.
20 HOPSON RD.
JACKSONVILLE BCH, FL 32250

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOFTIN JR,WILLIAM A
STREET ADDRESS	20 HOPSON RD
CITY-ST-ZIP	JACKSONVILLE BCH, FL
TITLE	V
NAME	LOFTIN,DOROTHY T
STREET ADDRESS	20 HOPSON RD
CITY-ST-ZIP	JACKSONVILLE BCH, FL
TITLE	T
NAME	LOFTIN JR, WILLIAM A.
STREET ADDRESS	20 HOPSON RD
CITY-ST-ZIP	JACKSONVILLE BCH, FL
TITLE	S
NAME	LOFTIN, DOROTHY T.
STREET ADDRESS	20 HOPSON RD.
CITY-ST-ZIP	JACKSONVILLE BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80037-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorothy T. Loftin DOROTHY T. LOFTIN 3-1-06 904-247-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #