

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 316234**

1. Entity Name

**WARD AND SONS DEVELOPMENT COMPANY**



Principal Place of Business

**285 SUNRISE DR**

**STE 31**

**KEY BISCAVNE, FL 33149**

Mailing Address

**285 SUNRISE DR**

**STE 31**

**KEY BISCAVNE, FL 33149**



01172008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1165183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WARD, CHRISTOPHER B.**

**285 SUNRISE DR**

**STE 31**

**KEY BISCAVNE, FL 33149**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	WARD, CHRISTOPHER
STREET ADDRESS	285 SUNRISE DR # 31
CITY - ST - ZIP	KEY BISCAVNE, FL 33149
TITLE	V
NAME	WARD, PATRICIA
STREET ADDRESS	285 SUNRISE DR APT 31
CITY - ST - ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000793255  
01/25/08-80001-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Christopher B. Ward* **CHRISTOPHER B. WARD**

Date

Daytime Phone #

*1/18/07* **305-361-3050**