


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 421489</b> 1. Entity Name M & C PIPE AND SUPPLY INC	
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Principal Place of Business 33419 COUNTY ROAD 468 LEESBURG, FL 34748	Mailing Address 33419 COUNTY ROAD 468 LEESBURG, FL 34748
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**DO NOT WRITE IN THIS SPACE**



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1449318	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

WADDELL, DEWEY A  
1050 BOYLESTON ST  
LEESBURG, FL 34788

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11000000292442  
04/07/05-80072-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADDELL, DEWEY A 1050 BOYLESTON ST LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WADDELL, LAURA W 1050 BOYLESTON ST LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WADDELL, DEWEY A JR 734 BOYLESTON ST LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WADDELL, DARCEY H 734 BOYLESTON ST LEESBURG, FL 34748
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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: *X* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X* 4-4-05

Date

Daytime Phone #