


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90016 020 ***150.00

| | |
|---|---|
| DOCUMENT # 492450 1. Entity Name W. L. WARD DEVELOPMENT CORPORATION |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 829 BLUE HERON BLVD. RUSKIN, FL 33570-3813 US | Mailing Address 829 BLUE HERON BLVD. RUSKIN, FL 33570-3813 US |
|---|---|

20000481



01042005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-1640373 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| |
|---|
| 6. Name and Address of Current Registered Agent WARD, CAROL H 829 BLUE HERON BLVD RUSKIN, FL 33570 |
|---|

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STV WARD, CAROL H. 829 BLUE HERON BLVD. RUSKIN, FL 335703813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARD, WESLEY L. 829 BLUE HERON BLVD. RUSKIN, FL 335703813 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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)(i), 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: Carol H Ward Carol H Ward 1-4-05 813-641-9471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #