


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005722		
1. Entity Name WATERFORD PARK DEVELOPMENT CORP.		

FILED  
06 MAY 16 PM 12:52

SECRET  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Principal Place of Business 1768 PARK CENTER DRIVE, STE. 270 ORLANDO, FL 32835	Mailing Address 1768 PARK CENTER DRIVE, STE. 270 ORLANDO, FL 32835
--	--



2. Principal Place of Business 1768 Park Center Drive	3. Mailing Address 1768 Park Center Drive
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400

04262006 Chg-P CR2E034 (11/05)

City & State Orlando, FL	City & State Orlando, FL
Zip 32835	Country USA

4. FEI Number 59-3675640	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent WHWW, INC. 390 N ORANGE AVE STE 1500 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
---

\$158.75

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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC TOWNSEND, DAVID J 1768 PARK CENTER DRIVE, STE. 270 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1768 Park Center Drive, Suite 400 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300075958299  
06/07/06--01016--006 \*\*\*3,837.50

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: <i>[Handwritten Signature]</i>	Date: 4/28/2006	Daytime Phone #: (407) 294-6400
---	-----------------	---------------------------------