

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

|                                                                |                                                                                    |
|----------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # F46434</b><br>1. Entity Name<br>WARE & SON, INC. |  |
|----------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>5183 TELLSON PLACE<br>ORLANDO, FL 32812 | Mailing Address<br>5183 TELLSON PLACE<br>ORLANDO, FL 32812 |
|------------------------------------------------------------------------|------------------------------------------------------------|



01262006 No Chg P CR2E034 (11/05)

|                             |                                                     |
|-----------------------------|-----------------------------------------------------|
| 4. FEI Number<br>59-2142073 | Applied for<br><input type="checkbox"/> Not Applied |
|-----------------------------|-----------------------------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>WARE, W.B. JR, PRESIDENT<br>2591 W WASHINGTON STREET<br>ORLANDO, FL 32805 |
|----------------------------------------------------------------------------------------------------------------------------------|

**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 resigning)) DATE \_\_\_\_\_

**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           |                                                                |
|--------------------------------------|----------------------------------------------------------------|
| NAME<br>STATE ADDRESS<br>CITY-ST-ZIP | DP<br>WARE, W.B. JR<br>5183 TELLSON PLACE<br>ORLANDO, FL 32812 |
| NAME<br>STATE ADDRESS<br>CITY-ST-ZIP |                                                                |
| NAME<br>STATE ADDRESS<br>CITY-ST-ZIP |                                                                |
| NAME<br>STATE ADDRESS<br>CITY-ST-ZIP |                                                                |
| NAME<br>STATE ADDRESS<br>CITY-ST-ZIP |                                                                |
| NAME<br>STATE ADDRESS<br>CITY-ST-ZIP |                                                                |

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04/26/06-80069-003 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 907-312-3111  
Date Office Phone #