


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000001187 1. Entity Name WATERFORD COMMERCIAL CORPORATION	
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Principal Place of Business 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483 US	Mailing Address 1000 MARKET STREET, STE 300 PORTSMOUTH, NH 03801 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0472966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC WALSH, MARK 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WALSH, MICHAEL 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALSH, WILLIAM 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHICCO, SALVATORE 1001 EAST ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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04/27/05-80075-021 150.00

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: Mark Walsh Mark Walsh 2/24/05 (561)279-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #