


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 20, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # F97000006105 |  |
| 1. Entity Name WALLEDAHL CORP. | |

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|--|--|
| Principal Place of Business P.O. BOX 800 SEBASTIAN, FL 32978 | Mailing Address P.O. BOX 800 SEBASTIAN, FL 32978 |
|--|--|

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (1Q/03)

| | |
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| 4. FEI Number 51-0368718 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

REYNOLDS, CHARLES H JR
251 SEABREEZE CT.
VERO BEACH, FL 32963

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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 _____ U00000373799
07/20/05-80007-008 150.00

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CV WALLEDAHL, SUSAN R 23 LUTTRELL AVE LONDON, SW 156 PD ENGLAND, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REYNOLDS, JAMES G 56 FAIRVIEW AVE BELMONT, MA 02178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD REYNOLDS, CHARLES H 251 SEABREEZE CT VERO BEACH, FL 32963 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: C. H. Reynolds 7/12/05 732-299-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #