


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # H34563 1. Entity Name WAMARAN INC.	
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Principal Place of Business 707 MOUND AVE. P.O. BOX 492406 LEESBURG, FL 34749-9406	Mailing Address 707 MOUND AVE. P.O. BOX 492406 LEESBURG, FL 34749-9406
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)


4. FEI Number 59-2659017	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

JONES, ALUN
707 MOUND AVE
LEESBURG, FL 34749

**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  DATE 3-22-04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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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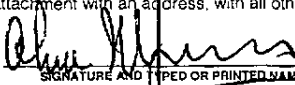
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS JONES, NANCY G. 707 MOUND AVE. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, ALUN 707 MOUND AVE. LEESBURG, FL
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03/25/04-80022-010 150.00

**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)(f), 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:  ALUN M. JONES 3-22-04 352-326-5112

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