


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90115 013 \*\*\*150.00

|   |                                     |   |   |   |  |
|---|-------------------------------------|---|---|---|--|
| <b>DOCUMENT # H51552</b>  |                                     |   |   |                |  |
| 1. Entity Name<br><b>WAVERLY DEVELOPMENT CORPORATION</b>  |                                     |   |   |   |  |
| Principal Place of Business<br><b>365 FIFTH AVENUE SO.<br/>SUITE 201<br/>NAPLES FL 34102<br/>US</b>   |                                     |   | Mailing Address<br><b>365 FIFTH AVENUE SO.<br/>SUITE 201<br/>NAPLES FL 34102<br/>US</b>   |   |  |
| 2. Principal Place of Business  |                                     | 3. Mailing Address<br><b>367 WEST MAIN ST</b> |   |   |  |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.                           |   |   |  |
| City & State  |                                     | City & State<br><b>NORTH BARNSTABLE, MA</b>   |   | 4. FEI Number<br><b>59-2518538</b>  |  |
| Zip   |                                     | Country                                       |   | Applied For<br>Not Applicable   |  |
| Zip<br><b>01532</b>   |                                     | Country<br><b>USA</b>                         |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ANTARAMIAN, JACK<br/>365 FIFTH AVENUE SO.<br/>SUITE 201<br/>NAPLES FL 34102</b>   |                                     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |  |
| 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 _____   |                                     |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b>   |                                     |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |   |  |
| 10. OFFICERS AND DIRECTORS  |                                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE   | PTD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | ANTARAMIAN, JACK                    | NAME  |   |   |  |
| STREET ADDRESS  | 365 5TH AVE,S, STE #201             | STREET ADDRESS                                |   |   |  |
| CITY-ST-ZIP   | NAPLES FL 34102                     | CITY-ST-ZIP                                   |   |   |  |
| TITLE   | D <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | LAPPEN, ELIOT                       | NAME  |   |   |  |
| STREET ADDRESS  | 1087 BEACON STREET                  | STREET ADDRESS                                |   |   |  |
| CITY-ST-ZIP   | NEWTON MA 02459                     | CITY-ST-ZIP                                   |   |   |  |
| TITLE   | S <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  | WEINSTEIN, ROGER W                  | NAME  |   |   |  |
| STREET ADDRESS  | 125 SUMMER STREET                   | STREET ADDRESS                                |   |   |  |
| CITY-ST-ZIP   | BOSTON MA 02110                     | CITY-ST-ZIP                                   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  |                                     | NAME  |   |   |  |
| STREET ADDRESS  |                                     | STREET ADDRESS                                |   |   |  |
| CITY-ST-ZIP   |                                     | CITY-ST-ZIP                                   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  |                                     | NAME  |   |   |  |
| STREET ADDRESS  |                                     | STREET ADDRESS                                |   |   |  |
| CITY-ST-ZIP   |                                     | CITY-ST-ZIP                                   |   |   |  |
| TITLE   | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| NAME  |                                     | NAME  |   |   |  |
| STREET ADDRESS  |                                     | STREET ADDRESS                                |   |   |  |
| CITY-ST-ZIP   |                                     | CITY-ST-ZIP                                   |   |   |  |

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/28/05* *508-393-2911*