

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H68690

FILED
May 04, 2004
Secretary of State

Entity Name: WATERFORD DEVELOPMENT CORPORATION

Current Principal Place of Business:

301 N PINE MEADOW DRIVE
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

301 N PINE MEADOW DRIVE
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 59-2559321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIFERIE, ROBERT L
301 N PINE MEADOW DR
SUITE A
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

CROCKER, TED J
301 N PINE MEADOW DR
SUITE B
DEBARY, FL 32713 US

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.

SIGNATURE: TED J CROCKER

05/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BREEDLOVE, BRIAN W.,
Address: 330 E. SUMMIT
City-St-Zip: SAN ANTONIO, TX 78121

Title: DVS () Delete
Name: BREEDLOVE, C. DENISE,
Address: 140 GRANT AVE
City-St-Zip: SAN ANTONIO, TX 78209

Title: D () Delete
Name: BIFERIE, ROBERT L
Address: 6108 TURTLE MOUND
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BREEDLOVE, BRIAN W DP
Address: 330 E. SUMMIT
City-St-Zip: SAN ANTONIO, TX 78121

Title: DVS (X) Change () Addition
Name: BREEDLOVE, CARYN D VP/SC
Address: 140 GRANT AVE
City-St-Zip: SAN ANTONIO, TX 78209

Title: D (X) Change () Addition
Name: BIFERIE, ROBERT L D
Address: 6108 TURTLE MOUND
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Change (X) Addition
Name: CRONIN, WILLIAM J VP/GM
Address: 970 MCKENZIE ROAD
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J CRONIN

VP/G

05/04/2004

Electronic Signature of Signing Officer or Director

Date