

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J01052**

1. Entity Name  
**WADDELL PLANTATION, INC.**



Principal Place of Business  
**1002 W 23 ST STE 400  
PANAMA CITY, FL 32405-0608**

Mailing Address  
**1002 W 23 ST STE 400  
PANAMA CITY, FL 32405-0608**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2649500</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**PIPPIN, LAURETTA J  
1002 W 23 ST., SUITE 400  
PANAMA CITY, FL 32405**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CHAPMAN, JOSEPH F. III
STREET ADDRESS	1002 W 23 ST STE 400
CITY-ST-ZIP	PANAMA CITY, FL

TITLE	VT
NAME	BARR, JIMMY D
STREET ADDRESS	1002 W 23 ST STE 400
CITY-ST-ZIP	PANAMA CITY, FL 32405

TITLE	V
NAME	LEWIS, JOHN W
STREET ADDRESS	2305 HIGHWAY 77
CITY-ST-ZIP	PANAMA CITY, FL 32405

TITLE	S
NAME	PIPPIN, LAURETTA J
STREET ADDRESS	1002 W 23 ST STE 400
CITY-ST-ZIP	PANAMA CITY, FL 32405

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000537490  
05/09/06-80019-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lauretta J. Pippin, Secretary**

**4/20/06**

Date

**(850) 769-8981**

Daytime Phone #