

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90184 035 ***150.00

DOCUMENT # J34891

1. Entity Name

WALDEAN, INC.



Principal Place of Business

1 W. OAKLAND AVE.
OCOE FL 34761-2249

Mailing Address

1 W. OAKLAND AVE.
OCOE FL 34761-2249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **59-2719752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLENDENING, JOY J
1 WEST OAKLAND AVENUE
OCOE FL 32761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PM ☐ Delete
NAME CLENDENING, JOY
STREET ADDRESS 1 W. OAKLAND AVE
CITY-ST-ZIP OCOEE FL

TITLE S ☐ Delete
NAME PAVESICH, WENDY
STREET ADDRESS 1 W OAKLAND
CITY-ST-ZIP OCOEE FL

TITLE VP ☐ Delete
NAME WARE, PAMELA
STREET ADDRESS 819 LOUISE
CITY-ST-ZIP PEOTONE IL 60468

TITLE T ☐ Delete
NAME MCGRATH, CHRISTY
STREET ADDRESS 212 HERITAGE
CITY-ST-ZIP MONOKE IL 60447

TITLE TR ☐ Delete
NAME HAYWOOD, BONNY
STREET ADDRESS 2971 SHARON DRIVE
CITY-ST-ZIP NEW LENOX IL 60451

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joy J Clendening Joy J Clendening 4/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

407-877-3332
Daytime Phone #