

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67542

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: WALDRON PROPERTIES INC.

**Current Principal Place of Business:**

9655 ST AUGUSTINE ROAD  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

612 CHIVAS CT  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

FEI Number: 59-2796715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KING, DAVID A  
ATTORNEY AT LAW  
1416 KINGSLEY AVE  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALDRON, RANDALL C.,  
Address: 5043 ORTEGA FARMS BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD ( ) Delete  
Name: SHANNON, CHERRYL W  
Address: 612 CHIVAS CT  
City-St-Zip: ORANGE PARK, FL

Title: V ( ) Delete  
Name: WALDRON, KATHLEEN O.,  
Address: 5043 ORTEGA FARMS BLVD.  
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHERRYL W. SHANNON

STD

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date