

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-11-2005 90118 014 \*\*\*150.00  
FILED J86987  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 12 AM 11:10

DOCUMENT # J86987

1. Entity Name  
ROBERT WALDERMAN INC.



Principal Place of Business  
% ROBERT WALDERMAN  
969 SE 10 CT.  
POMPANO BEACH, FL 33062 US

Mailing Address  
% ROBERT WALDERMAN  
969 SE 10 CT.  
POMPANO BEACH, FL 33062 US

**DO NOT WRITE IN THIS SPACE**



07022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0003141

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDERMAN, LISA H  
969 SE 10 CT.  
POMPANO BEACH, FL 33062

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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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
WALDERMAN, LISA H  
969 SE 10 CT.  
POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: *X Lisa P. Walderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X JULY 6, 2005*  
Date Daytime Phone #