

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 036 ***150.00

DOCUMENT # M89214 1. Entity Name WAF HOMES, INC.					
Principal Place of Business 856 CAPE CORAL PKWY CAPE CORAL, FL 33904 US			Mailing Address 856 CAPE CORAL PKWY. CAPE CORAL, FL 33904 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0071629	
Zip		Country		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	
FITCH, WAYNE A. 856 CAPE CORAL PKWY CAPE CORAL, FL 33904				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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITCH, WAYNE A. 856 CAPE CORAL PKWY CAPE CORAL, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITCH, MARIE A. 856 CAPE CORAL PKWY CAPE CORAL, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITCH, MARIE 856 CAPE CORAL PKWY CAPE CORAL, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMYTH, GREGG 856 CAPE CORAL PKWY CAPE CORAL, FL 33904	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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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: <i>Marie A. Litch</i>		<i>4/17/2006 239-994-0664</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			