


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N03000003033 1. Entity Name WALDO ASSOCIATION OF RESIDENTS AND MERCHANTS, INC.	
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Principal Place of Business POST OFFICE BOX 185 WALDO, FL 32694	Mailing Address 13958 NE 140TH LANE WALDO, FL 32694
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DO NOT WRITE IN THIS SPACE



04222007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 14-1896997	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOWELL, FRED C 13958 NE 140TH LANE WALDO, FL 32694
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000760374 05/25/07-80010-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WISE, LINDA BOX 201 U WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAY, THELMA 18101 NE US 301 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUBOIS, JAMES J P.O. BOX 186 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROWE, RUTH P.O. BOX 17 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENCK, ANN P.O. BOX 45 WALDO, FL 32694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, PENNY P.O. BOX 459 WALDO, FL 32694

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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 617, 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:  **4-26-07** **(352) 468-1721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #