


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000035058 1. Entity Name WADKAR ENTERPRISES, INC.	
---	---

Principal Place of Business 3831 W. VINE STREET SUITE 65 KISSIMMEE, FL 34741	Mailing Address 3831 W. VINE STREET SUITE 65 KISSIMMEE, FL 34741
---	---

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3637058	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIPLEY, C. GENE ESQ. ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE 315 E. ROBINSON STREET SUITE 600 ORLANDO, FL 32801	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 _____
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		<p>U00000283948 04/01/05-80046-017 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADKAR, PRABHAKAR S 3831 W. VINE STREET SUITE 65 KISSIMMEE, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADKAR, FRANCES A 3831 W. VINE STREET SUITE 65 KISSIMMEE, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  Prabhakar Wadkar 3/2/05 407-343-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #