## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 14, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000048299 1. Entity Name JAMES C. WAAGE ENTERPRISES, INC. Principal Place of Business\_\_ Mailing Address PO BOX 713 PO BOX 713 PONTE VEDRA BEACH, FL 32004-0713 PONTE VEDRA BEACH, FL 32004-0713 CR2E034 (10/03) 07112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3645893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAAGE, JAMES C DO NOT WRITE 2538 DAUPHINE COURT EAST PONTE VEDRA BEACH, FL 32082 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME WAAGE, JAMES C STREET ADDRESS 2538 DAUPHINE COURT EAST CITY - ST- ZIP PONTE VEDRA BEACH, FL 32082 TITLE NAME U00000372860 07/14/05-80011-013 150.00 STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

I hereby certify that the information supplied with this filing does not quality 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an aggress, with all other like empowered.

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TO ATURE AND TYPED OR PRINTED NAME OF SIGNING OF

**FILED**