## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000056034

Entity Name: WATERFORD MANAGEMENT, INC.

FILED Apr 20, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110			COLLIER CENTER BUILDING 1061 COLLIER CENTER WAY NAPLES, FL 34110 US		
Current Mailing Address:			New Mailing Address:		
1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110			COLLIER CENTER BUILDING 1061 COLLIER CENTER WAY NAPLES, FL 34110 US		
FEI Number:	59-3671200 FEI Number Applied For ( )	FEI Num	ber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
LESTER, DONALD E 1061 COLLIER CENTER WAY SUITE 5 NAPLES, FL 34110 US			LESTER, DON E COLLIER CENTER BUILDING 1061 COLLIER CENTER WAY NAPLES, FL 34110 US		
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.					
SIGNATUR	RE: DON E. LESTER			04/20/2004	
	Electronic Signature of Registered Agent	İ		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete LESTER, DONALD E 1061 COLLIER CENTER WAY NAPLES, FL 34110		Title: Name: Address: City-St-Zip:	P/D (X) Change ( ) Addition LESTER, DONALD E 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition LESTER, SUZANNE F 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	
Title: Name: Address: City-St-Zip:	()Delete		Title: Name: Address: City-St-Zip:	VP () Change (X) Addition BURLEW, KEVIN 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	S () Change (X) Addition YOUNG, SUSAN 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	T () Change (X) Addition LESTER, DEAN C 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	
Title: Name: Address: City-St-Zip:	()Delete		Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition LIENEMANN, WILLIAM H 1061 COLLIER CENTER WAY NAPLES, FL 34110 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON E. LESTER P 04/20/2004