2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUMENT # P0000076730 1. Entity Name WALDOCH BUILDERS, INC.					02-04-200	08 90052 040 ***	150.00	
Principal Plac	e of Business	Mailing Address						
1028 EAST PARK AVENUE TALLAHASSEE, FL 32301		1028 EAST PARK AVENUE TALLAHASSEE, FL 32301						
2. Principal P	Nace of Business - No P.O. Box # P	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132008	Chg-P	CR2E034 (12/06)		
City & State TALLAHUSSEE FL		City & State		[pplied For lot Applicable	
Zip 32303 Country US♠		Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Requir		
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New I	Registered Agent		
WALDOCH, STEPHAN L			Name	Name				
8509 LITTI	LE SCÉNIC LN SSEE, FL 32309		Street A	Street Address (P.O. Box Number is Not Acceptable)				
		Cit				FL Zip Co	de	
	named entity submits this statementality in registered agent	STEAHA.	NL. WAI		th, in the State of Fl	orida. I am familiar with	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa	aign Financing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	P WALDOCH, STEPHAN L	Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	8509 LITTLE SCENIC LANE TALLAHASSEE, FL 32309		STREET ADDRESS CITY-ST-ZIP					
TITLLE		Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	☐ Delete	CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
TITLE		☐ Delete	TITLE		·····	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
ппе		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY+ST+ZIP					
TITUE		☐ Delete	₹ITI <u>E</u>			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
indicated	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empor or or an attachment with an address, ye	true and accurate and that a wered to execute this report with all other like empowered	my sìgnature shall t t as required by Ch l	ve the same legal effecter 607, Florida Statute	ct as if made under es; and that my nam	oath; that I am an office ne appears in Block 10 o	r or director or Block 11 if	
SIGNAT	URE: SIGNATURE AND TYPED OR PE	FONTED NAME OF SIGNING OFFICER	TEPHAN L	WALDOCH	1/11/08	850 Z/Z	20.58	