2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM **DOCUMENT # P01000043986** 1. Entity Name **Secretary of State** WAYCOTT CONSTRUCTION SE, INC. Principal Place of Business Mailing Address 3910 NW 27TH TERR. 3910 NW 27TH TERR. BOCA RATON, FL 33434 BOCA RATON, FL 33434 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Ful 4. FEI Number 65-1099419 Not Applic. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WAYCOTT, JEFFREY M DO NOT WRITE 3910 NW 27TH TERR BOCA RATON, FL 33434 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 answer the obligations of registered agent. . 🚉 SIGNATURE. e frond or printed name of registered agent and title it applicable. (NOTE: Registered Agent algorithms required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE WAYCOTT, JEFFREY M NAME STREET ADDRESS 3910 NW 27TH TERR. //0000388259 01/19/06-80070-019 **150.00** CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-7)P TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP