2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 12, 2004 8:00 am Secretary of State **DOCUMENT # P01000115779** 1. Entity Name 02-12-2004 90012 010 ***150.00 THE CP WAVERLY CORPORATION Principal Place of Business Mailing Address 5204 BEACHWALK DR 5204 BEACHWALK DR DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business 3. Mailing Address 2059 Crystal Lake 2059 (° rustal Suite, Apt. #, etc. Suite, Apt. #, etc. 02032004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For చ్చే. Destin 62-1735856 Not Applicable Źip な Country Country \$8.75 Additional 5. Certificate of Status Desired 2550 2550 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent exandra BROWN, ALEXANDRA ... 66 INDIGO LOOP S DESTIN, FL 32550 2ip Code 3254 Destin 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 registe SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE GERMANO, Charles A Change 2059 Crystal Lake Drive Destin, FL 32550 NAME GERMANO, CHARLES A NAME 5204 BEACHWALK DR STREET ADDRESS STREET ADDRESS DESTIN, FL 32550 CITY-ST-7IP CITY-ST-7IP Germano Barbara 1 2059 Crystal Lake Drive ☐ Detete TITLE TITLE ☐ Addition GERMANO, BARBARA C NAME NAME 5204 BEACHWALK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS But lat the line CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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