



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90100 013 ***150.00

DOCUMENT # P02000078857 1. Entity Name WAKELY ACTUARIAL SERVICES, INC.					
Principal Place of Business 33 NORTH GARDEN AVENUE, SUITE 866 CLEARWATER, FL 33755 US			Mailing Address 33 NORTH GARDEN AVENUE, SUITE 866 CLEARWATER, FL 33755 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50011634 	
City & State		City & State		02022005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 36-4502251	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAYMOND, J PAUL 625 COURT STREET STE 200 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name John D. Kidder Street Address (P.O. Box Number is Not Acceptable) 33 N. Garden Ave. Ste 866 City Clearwater FL Zip Code 33755	
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 <u><i>John D. Kidder</i></u> John D. Kidder Vice President, Treasurer, & Director 2/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, DOUGLAS M 33 N GARDEN AVE STE 866 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST TUCKER, MICHAEL 33 N GARDEN AVE STE 866 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP/S/D Tucker, Michael 33 N. Garden Ave Ste 866 Clearwater, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, MICHAEL 33 N GARDEN AVE STE 866 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEFLEUR, WAYNE D JR 33 N GARDEN AVE STE 866 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIDDER, JOHN D 33 N GARDEN AVE STE 866 CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP/T/D Kidder, John D. 33 N. Garden Ave. Ste 866 Clearwater, FL 33755	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERMAN, ANDREW J 33 N GARDEN AVE STE 866 CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>John D. Kidder</i></u> John D. Kidder 2/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Please see attachment →

ATTACHMENT

#02000078857
50011634

ADDITIONS

Officers and Directors

Title: VP
Name: Benjamin M. Cohen
Street Address: 33 N Garden Ave Ste 866
City - St - Zip: Clearwater, FL 33755

Title: VP
Name: Lynn M. Manchester
Street Address: 33 N Garden Ave Ste 866
City - St - Zip: Clearwater, FL 33755

Title: VP
Name: J. Steven Keck
Street Address: 33 N Garden Ave Ste 866
City - St - Zip: Clearwater, FL 33755