2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI									_		
DOCUMENT # P03000128421 1. Entity Name DON WADDELL ENTERPRISES, INC.							FILED 05 APR 26 AH 10: 20 SECRETARISEE, FLORIDA TALLAHASSEE, FLORIDA				
Principal Place of Business Mailing Address								curling	13 'S	USINA	
9325 BUCK HAVEN TRAIL				9325 BUCK HAVEN TR			SEUNTHASS	itt, itt	-		
TALLAHASSEE, FL 32312				TALLAHASSEE, FL 32312				TALLAIM			
The work of the second of the								-			
2. Principal Place of Business				3. Mailing Address							
									D) 114)0 1104(14)		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262005	Chg-P	CR2E00	34 (10/03)	
City & City				City & State				<u> </u>		· · · · · ·	
City & State				City & State		4. FEI Numb				oplied For	
Zip Country				Zip	ntry	52-2413146 Not Applicable					
2,6	Country			2.0		ili y	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
<u> </u>	6. Name	and Address of Cur	rent Regi	istered Agent		T	7. Name and	Address of New R			
Na Na							***************************************				
WADDELL, DON											
9325 BUCK HAVEN TRAIL					Street Address	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHA	TALLAHASSEE, FL 32312										
										.,	
						City			FL	Zip Cod	е
8. The above	named entit	ty submits this stateme	ent for the	purpose of changing its	register	.l	ered agent or bo	th in the State of Flo	rida Lam f	amiliar with	and accept
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.	Signature, typed	or printed name of registered	agent and titl	d Agent signature requir	ed when reinstating)		DATE		 -		
		FEE IS \$150.00 5 Fee will be \$5		9. Election Campa Trust Fund Cont		ncing \$	5.00 May Be Ided to Fees				
10.		OFFICERS .	AND DIRE	ECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P Delete TITL					Ε				☐ Change	☐ Addition
NAME	WADDELL, DON					E					
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32312				CITY	-ST-ZIP					
TITLE				☐ Delete	TITL	E				☐ Change	Addition
NAME	İ				NAM	_					
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					-	-ST-ZIP					
TITLE				Delete	TITL					☐ Change	
NAME CTREET ADDRESS					NAM	_	্ৰ	00053: 4/0501041	3382	294	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS	05/0	14/0501047	7013	**150	.00
	 					-ST-ZIP					
TITLE	1			☐ Delete	TITL	- I				Change	☐ Addition
NAME STREET ADDRESS					NAM	E ET ADDRESS					
CITY-ST-ZIP	1					-ST-ZIP					
	 									C 0	□ .
TITLE NAME				☐ Delete	TITLI	l l				Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITLI					☐ Change	Addition
NAME				LJ Deiele	NAM					☐ CHARGE	
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	}					-ST-ZIP					
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.											
and the off is a fell was a said											
SIGNAT	UKE: _	SIGNATURE AND TURN	7 <i>0</i>]_	ED NAME OF SIGNING OFFICER	OB DISE	TOR	4	-26-05 Date	5 (70. 79	16
l		SIGNATURE AND TYPE	OH PRINTE	U NAME UP SIGNING OFFICER	UK DIRECT	UK		Date	Da	ytime Phone #	