

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000141658

Entity Name: JIM WALDRON, INC.

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

1408 SW 47TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1408 SW 47TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 55-0851719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDRON, JIM
1408 SW 47TH STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALDRON, III, JAMES
Address: 1408 SW 47 ST
City-St-Zip: CAPE CORAL, FL 33914

Title: VPD () Delete
Name: WALDRON, JR., JAMES
Address: 5246 GENESSEE PKWY
City-St-Zip: BOKEELIA, FL 33922

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: BACON, DEAN E
Address: 423 SW37TERR
City-St-Zip: CAPECORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM WALDRON

PD

02/22/2006

Electronic Signature of Signing Officer or Director

Date