

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146219

FILED
Jan 26, 2005
Secretary of State

Entity Name: WALDORFF INSURANCE AND BONDING, INC.

Current Principal Place of Business:

1881 HIGHWAY 98 WEST
PO BOX 886
MARY ESTHER, FL 325697886

New Principal Place of Business:

1881 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

Current Mailing Address:

1881 HIGHWAY 98 WEST
PO BOX 886
MARY ESTHER, FL 325697886

New Mailing Address:

P O BOX 886
MARY ESTHER, FL 325690886

FEI Number: 20-0458319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDORFF, LLOYD DALE
1881 HIGHWAY 98 WEST
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

WALDORFF, LLOYD DALE
P O BOX 886
MARY ESTHER, FL 325690886 US

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: L. DALE WALDORFF

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALDORFF, LLOYD DALE
Address: PO BOX 886
City-St-Zip: MARY ESTHER, FL 325697886

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: WALDORFF, LLOYD DALE
Address: PO BOX 886
City-St-Zip: MARY ESTHER, FL 325690886

Title: VP () Change (X) Addition
Name: FRENCH, BENJAMIN H
Address: P O BOX 886
City-St-Zip: MARY ESTHER, FL 325690886

Title: VP () Change (X) Addition
Name: WALKER, K WAYNE
Address: P O BOX 886
City-St-Zip: MARY ESTHER, FL 325690886

Title: T () Change (X) Addition
Name: WALDORFF, MELISSA
Address: P O BOX 886
City-St-Zip: MARY ESTHER, FL 325690886

I hereby certify that the information supplied with this filing does not qualify for the 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 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: L. DALE WALDORFF

DPS

01/26/2005

Electronic Signature of Signing Officer or Director

Date