

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146219

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: WALDORFF INSURANCE AND BONDING, INC.

## Current Principal Place of Business:

1881 HIGHWAY 98 WEST  
MARY ESTHER, FL 32569

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 886  
MARY ESTHER, FL 325690886

## New Mailing Address:

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  
P O BOX 886  
MARY ESTHER, FL 325690886 US

## Name and Address of New Registered Agent:

WALDORFF, LLOYD DALE  
915 SUNSET BAY COURT  
SHALIMAR, FL 32579 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:

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: L. DALE WALDORFF

DPS

01/18/2007

Electronic Signature of Signing Officer or Director

Date