2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# P03000146219

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
915 SUNSET BAY COURT
SHALIMAR, FL 32579 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

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 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 P 01/09/2009

Electronic Signature of Signing Officer or Director — Date