

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146219

FILED
Jan 10, 2011
Secretary of State

Entity Name: WALDORFF INSURANCE AND BONDING, INC.

Current Principal Place of Business:

45 EGLIN PARKWAY, NE, STE 202
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

45 EGLIN PARKWAY, NE, STE 202
FORT WALTON BEACH, FL 32548

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:

WALDORFF, LLOYD DALE
223 YACHT CLUB DRIVE, NE
FORT WALTON BEACH, FL 32548 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:

01/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS
Name: WALDORFF, LLOYD DALE
Address: 45 EGLIN PARKWAY NE, SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP
Name: FRENCH, BENJAMIN H
Address: 45 EGLIN PARKWAY NE, SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP
Name: WALKER, K WAYNE
Address: 45 EGLIN PARKWAY NE, SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T
Name: WALDORFF, MELISSA
Address: 45 EGLIN PARKWAY NE, SUITE 202
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: LLOYD DALE WALDORFF

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01/10/2011

Electronic Signature of Signing Officer or Director

Date