

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146219

FILED  
Jan 04, 2012  
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  
223 YACHT CLUB DRIVE, NE  
FORT WALTON BEACH, FL 32548 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:** 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:** L. DALE WALDORFF

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01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date