

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90085 009 \*\*\*150.00

**DOCUMENT # P03000152020**

1. Entity Name

WAASA, INC.



Principal Place of Business

7504 CALVIN ST  
JACKSONVILLE FL 32208

Mailing Address

7504 CALVIN ST  
JACKSONVILLE FL 32208

2. Principal Place of Business

8996 PAXTON RD

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2773

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

68-0575388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUJARSKI, KIRBY J  
7504 CALVIN ST  
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name **BUJARSKI, KIRBY J**

Street Address (P.O. Box Number is Not Acceptable)

8996 PAXTON RD

City **JACKSONVILLE**

FL

Zip Code

32219

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**KIRBY J. BUJARSKI**

(NOTE: Registered Agent signature required when reinstating)

**2/16/05**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BUJARSKI, KIRBY J**  
STREET ADDRESS **7504 CALVIN ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☐ Addition  
NAME **BUJARSKI, KIRBY J**  
STREET ADDRESS **8996 PAXTON RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/05 (904) 764-1062**

Date

Daytime Phone #