2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# P04000005281

Entity Name: SHERLYN WAGHALTER, PA

Current Principal Place of Business:

150 MIDDLE PLANTAION LANE
GULF BREEZE, FL 32563

New Principal Place of Business:

911 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Current Mailing Address:

150 MIDDLE PLANTAION LANE
GULF BREEZE, FL 32563

New Mailing Address:

911 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

FEI Number: 20-0575875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKEY, RAYMOND G
913 GULF BREEZE PKWY
5
GULF BREEZE, FL 32561 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WAGHALTER, SHERLYN
Address: 150 MIDDLE PLANTATION LN
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete
Name: WAGHALTER, SAMUEL
Address: 150 MIDDLE PLANTATION LN
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WAGHALTER, SHERLYN
Address: 18 TRISTAN WAY
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D (X) Change ( ) Addition
Name: WAGHALTER, SAMUEL
Address: 18 TRISTAN WAY
City-St-Zip: PENSACOLA BEACH, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAM WAGHALTER D 06/29/2005

Electronic Signature of Signing Officer or Director — Date