


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90043 013 ***150.00

DOCUMENT # P05000062985		
1. Entity Name WAITMAN, INC.		

Principal Place of Business 15541 VISTA VERDE DRIVE MONTEVERDE FL 34756-304	Mailing Address 15541 VISTA VERDE DRIVE MONTEVERDE FL 34756-304
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2809632		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WLM MANAGEMENT, INC. 646 WILLOWWOOD AVENUE ALTAMONTE SPRINGS FL 32714	
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7. Name and Address of New Registered Agent Name TAX BY SAM Street Address (P.O. Box Number is Not Acceptable) 4493 N. PINE HILLS RD. City ORLANDO FL Zip Code 32808	
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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 <i>South Altamonte</i> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete WAITMAN, MICHAEL J 15541 VISTA VERDE DRIVE MONTEVERDE FL 34756-304	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> VP, T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete WAITMAN, MICHELE L 15541 VISTA VERDE DRIVE MONTEVERDE FL 34756-304	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: <i>Michael J Waitman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/4/08	Daytime Phone # 407 694-4866
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