

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 028 ***163.75

DOCUMENT # P05000114343

1. Entity Name
DOUBLE W PROFESSIONAL SERVICES, INC.



Principal Place of Business
**205 ALEXANDRA WOODS DR
DEBARY, FL 32713**

Mailing Address
**205 ALEXANDRA WOODS DR
DEBARY, FL 32713**

60008397



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3353452

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALDROP, WILLIAM F
205 ALEXANDRA WOODS DR
DEBARY, FL 32713**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
WALDROP, WILLIAM F
205 ALEXANDRA WOODS DR
DEBARY, FL 32713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WALDROP, WILLIAM F
205 ALEXANDRA WOODS DR
DEBARY, FL 32713**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:

William F. Waldrop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. WALDROP

1/22/7 386 6686754

Date

Daytime Phone #