

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000019047**

**1. Entity Name**

**WALDCHRIS, INC.**



**Principal Place of Business**

**2105 N.E. 23RD PL  
CAPE CORAL FL 33909**

**Mailing Address**

**2105 N.E. 23RD PL  
CAPE CORAL FL 33909**



**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**

**1st MOORE**

**CR2E034 (10/07)**

**4. FEI Number**  
**57-0566729**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERNANDEZ, ABRAHAM W  
2105 N.E. 23RD PL  
CAPE CORAL FL 33909**

**Name**

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

**City**

**FL**

**Zip Code**

**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 Incorporating)

DATE

**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** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **HERNANDEZ, ABRAHAM**  
**STREET ADDRESS** **2105 N.E. 23RD PL**  
**CITY-ST-ZIP** **CAPE CORAL FL 33909**

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

**TITLE** **VP** ☐ **Delete**  
**NAME** **RIVAS, IRIS**  
**STREET ADDRESS** **2105 N.E. 23RD PL**  
**CITY-ST-ZIP** **CAPE CORAL FL 33909**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 reports 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

**04-25-08 (239) 895-5185**

Date

Daytime Phone #