

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P20763**

**1. Entity Name  
WALDROP, GARY D., INC.**



**Principal Place of Business  
15280 FIDDLESTICKS ROAD  
FT. MYERS, FL 33912**

**Mailing Address  
15280 FIDDLESTICKS ROAD  
FT. MYERS, FL 33912**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
93-0646480

**Applied For**  
Not Applicable

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

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

**WALDROP, GREG WALTER  
15280 FIDDLESTICKS BLVD.  
FT. MYERS, FL 33912**

**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's signature required when re-stating)*

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	WALDROP, GARY D.
<b>STREET ADDRESS</b>	15280 FIDDLESTICKS BLVD.
<b>CITY- ST- ZIP</b>	FT. MYERS, FL
<b>TITLE</b>	VD
<b>NAME</b>	WALDROP, GREG WALTER
<b>STREET ADDRESS</b>	11800 PINWOOD LAKES DRIVE
<b>CITY- ST- ZIP</b>	FT. MYERS, FL
<b>TITLE</b>	STD
<b>NAME</b>	WALDROP, NANCY J.
<b>STREET ADDRESS</b>	15280 FIDDLESTICKS BLVD.
<b>CITY- ST- ZIP</b>	FT. MYERS, FL
<b>TITLE</b>	VD
<b>NAME</b>	MOORE, BILL R
<b>STREET ADDRESS</b>	15280 FIDDLESTICKS BLVD.
<b>CITY- ST- ZIP</b>	FORT MYERS, FL 33912
<b>TITLE</b>	VD
<b>NAME</b>	MIKKELSEN, GREGORY P
<b>STREET ADDRESS</b>	15280 FIDDLESTICKS BLVD.
<b>CITY- ST- ZIP</b>	FORT MYERS, FL 33912
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

000000003554  
01/13/04-80061-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 title empowered.**

**SIGNATURE:**

*Nancy J. Waldrop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Corp. Sec. - Treas.

1-9-04

DATE

239-768-3553

Cost of Filing