


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90016 006 ***150.00

DOCUMENT # P20763 1. Entity Name WALDROP, GARY D., INC.	
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Principal Place of Business 15280 FIDDLESTICKS BLVD FT. MYERS FL 33912	Mailing Address 15280 FIDDLESTICKS BLVD FT. MYERS FL 33912
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40007089



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <i>12060 Fairway Isles Dr.</i> Suite, Apt. #, etc.	3. Mailing Address <i>12060 Fairway Isles Dr.</i> Suite, Apt. #, etc.
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City & State <i>Fort Myers, Florida</i> Zip <i>33913</i> Country <i>USA</i>	City & State <i>Fort Myers, FL</i> Zip <i>33913</i> Country <i>USA</i>
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4. FEI Number 93-0646480	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALDROP, GREG WALTER 15280 FIDDLESTICKS BLVD FT. MYERS FL 33912 <i>12060 Fairway Isles Drive</i> <i>33913</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALDROP, GARY D. 15280 FIDDLESTICKS BLVD FT. MYERS FL <i>33913</i> <i>12060 Fairway Isles Drive</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDROP, GREG WALTER 11800 PINWOOD LAKES DRIVE FT. MYERS FL <i>33913</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALDROP, NANCY J. 15280 FIDDLESTICKS BLVD FT. MYERS FL <i>33913</i> <i>12060 Fairway Isles Dr.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE, BILL R 15280 FIDDLESTICKS BLVD FORT MYERS FL 33912 <i>33913</i> <i>12060 Fairway Isles Drive</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIKKELSEN, GREGORY P 15280 FIDDLESTICKS BLVD FORT MYERS FL 33912 <i>33913</i> <i>12060 Fairway Isles Dr.</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Nancy J. Waldrop, Corp. Sec. Treas* 1-20-05 239-768-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #