


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P20763 1. Entity Name WALDROP, GARY D., INC.	
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Principal Place of Business 12060 FAIRWAY ISLES DR FORT MYERS, FL 33913	Mailing Address 12060 FAIRWAY ISLES DR FORT MYERS, FL 33913
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D1122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 93-0646480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALDROP, GREG WALTER 12060 FAIRWAY ISLES DRIVE FORT MYERS, FL 33913
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD WALDROP, GARY D. 12060 FAIRWAY ISLES DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WALDROP, GREG WALTER 11800 PINWOOD LAKES DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WALDROP, NANCY J. 12060 FAIRWAY ISLES DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MOORE, BILL R 12060 FAIRWAY ISLES DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MIKKELSEN, GREGORY P 12060 FAIRWAY ISLES DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000389554
01/20/06-80051-015 150.00

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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: Nancy J. Waldrop NANCY J. WALDROP 1-12-06 239-768-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #