


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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| 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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| DO NOT WRITE IN THIS SPACE |
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01162007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 93-0646480 | Applied For 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 12060 FAIRWAY ISLES DRIVE FORT MYERS, FL 33913 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| 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 | |

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| <p>000000591914 01/19/07-80040-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 Corp. Sec. Treas. 1-16-07 239-768-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #