

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90028 022 \*\*\*150.00  
08-17-2005 90003 019 \*\*\*400.00

**50062066**

1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P93000036028</b> <small>1. Entity Name</small> <b>WADDLES, INCORPORATED</b>					
<small>Principal Place of Business</small> <b>1303 S. SANFORD AVE. SANFORD FL 32771</b>			<small>Mailing Address</small> <b>1303 S. SANFORD AVE. SANFORD FL 32771</b>		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City &amp; State</small>			<small>City &amp; State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> <b>59-3184894</b>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<small>Applied For</small> <input type="checkbox"/> <b>Not Applicable</b>	
<small>6. Name and Address of Current Registered Agent</small> <b>WADDLE, TIMOTHY 37045 CALHOUN ROAD EUSTIS FL 32736</b>				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<small>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.</small> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<small>9. Election Campaign Financing</small> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<b>D</b> <b>WADDLE, TIMOTHY</b> <b>37045 CALHOUN ROAD</b> <b>EUSTIS FL 32736</b>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>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.</small>					
<b>SIGNATURE:</b> <i>Timothy Waddle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/18/05 407 302-7857</b> <small>Date Daytime Phone #</small>		