

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000078687**

1. Entity Name  
**WAULEE CORPORATION**



**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90144 013 \*\*\*150.00

Principal Place of Business  
**21301 POWERLINE RD  
SUITE 312  
BOCA RATON, FL 33433 US**

Mailing Address  
**5410 HOMBERG DR  
SUITE A  
KNOXVILLE, TN 37919 US**



02252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0549717**

Applied For  
Not Applicable

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

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

**WALTERS, CLIFFORD L  
802 11TH ST. WEST  
BRADENTON, FL 34205**

**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 signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	IDPT KAYDEN, BERNARD H 550 MAMARONECK AVE. #404 HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAYDEN, MILDRED H 550 MAMARONECK AVE. #404 HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAMBERT, SANDA K 550 MAMARONECK AVE. #404 HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.

**SIGNATURE:**

*B. Kayden*  
Bernard Kayden, President

*3/7/05*  
Date

Daytime Phone # \_\_\_\_\_