

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90102 022 ***150.00

DOCUMENT # P96000082820

1. Entity Name

WAVERLEE LAND DEVELOPMENT CORPORATION



Principal Place of Business

**1330 PALMETTO AVE
WINTER PARK FL 32789**

Mailing Address

**1330 PALMETTO AVE
WINTER PARK FL 32789**

14016179



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

4776 New Broad St

3. Mailing Address

4776 New Broad St

Suite, Apt. #, etc.
250

Suite, Apt. #, etc.
250

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3404112

Applied For

Not Applicable

Zip

32814

Country

US

Zip

32814

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GODWIN, LARRY
1330 PALMETTO AVE
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE **D** ☐ Delete
NAME **GODWIN, LARRY**
STREET ADDRESS **1330 PALMETTO AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **GODWIN, ROBERT**
STREET ADDRESS **1330 PALMETTO AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Larry Godwin **Larry Godwin** 4/29/05 407-628-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #