

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P96000082820

1. Entity Name
WAVERLEE LAND DEVELOPMENT CORPORATION



Principal Place of Business
**4776 NEW BROAD STREET
250
ORLANDO, FL 32814**

Mailing Address
**4776 NEW BROAD STREET
250
ORLANDO, FL 32814**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3404112

Applied For
Not Applicable

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**

**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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000758722
05/24/07-80014-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GODWIN, LARRY
STREET ADDRESS 4776 NEW BROAD STREET SUITE 250
CITY-ST-ZIP ORLANDO, FL 32814

TITLE D
NAME GODWIN, ROBERT
STREET ADDRESS 4776 NEW BROAD STREET SUITE 250
CITY-ST-ZIP ORLANDO, FL 32814

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 407-
628-4005
DATE DATE TO PRINT