

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000068222

1. Entity Name
WORTHWHILE AFFORDABLE DEVELOPMENT II, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:49

Principal Place of Business
1110 DOUGLAS AVE. SUITE 2050
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1110 DOUGLAS AVE. SUITE 2050
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business - No P.O. Box #
365 WEKIVA SPRINGS RD

3. Mailing Address
365 WEKIVA SPRINGS RD

Suite, Apt. #, etc.
SUITE 231

Suite, Apt. #, etc.
SUITE 231

City & State
LONGWOOD, FL

City & State
LONGWOOD FL

Zip
32779

Country
USA

Zip
32779

Country
USA

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3464683

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROYALL, H. J. JR
1110 DOUGLAS AVE
SUITE 2050
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
Name
ROYALL, H. J. JR
Street Address (P.O. Box Number is Not Acceptable)
365 WEKIVA SPRINGS RD.
SUITE 231
City
LONGWOOD FL Zip Code
32779

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 DATE 4/11/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H. J. JR 1110 DOUGLAS AVE, STE 2050 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROYALL, H. J. JR. 365 WEKIVA SPRINGS RD SUITE 231 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300125265103 04/23/08--07016--004 **1398.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 4/11/08 DAYTIME PHONE # 407-774-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/09