

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90024 046 ***150.00



DOCUMENT # P98000035386

1. Entity Name

WATERFORD PROPERTIES AND REAL ESTATE, INC.

Principal Place of Business

**3040 W BEARSS AVE
 TAMPA FL 33618**

Mailing Address

**3040 W BEARSS AVE
 TAMPA FL 33618**

2. Principal Place of Business

16630 N. Dale Mabry Hwy

Suite, Apt. #, etc.

3. Mailing Address

16630 N. Dale Mabry Hwy

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3508615

Applied For

Not Applicable

Zip

33618-1400

Country

USA

Zip

33618-1400

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTFALL, JOHN W
 3040 W BEARSS AVE
 TAMPA FL 33618**

Name

Westfall, John W

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

16630 N. Dale Mabry Hwy

City

Tampa

FL

Zip Code

33618-1400

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]
 Signature, typed or printed name of registered agent and title label (NOTE: Registered Agent signature required when reinstating)

DATE

2/16/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PSTD	<input type="checkbox"/> Delete
NAME	WESTFALL, JOHN W	
STREET ADDRESS	3040 W BEARSS AVE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Westfall, John W		
STREET ADDRESS	16630 N. Dale Mabry Highway		
CITY-ST-ZIP	Tampa, FL 33618-1400		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 (813) 962-6544

Date

Daytime Phone #