

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000058678	
1. Entity Name WAVERLY REGULATORY ASSOCIATES, INC.	



Principal Place of Business 5916 STATE RD 540 WAVERLY, FL 33877	Mailing Address PO BOX 571 WAVERLY, FL 33877
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3586652	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOUK, WALLY 5916 STATE RD 540 WAVERLY, FL 33877	
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOVACH, GAP 941 SUCCESS AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUNT, FRANK M III HUNT BROS RD. LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOUK, WALLY 4738 EASTON ST LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANDERS, CHARLES M JR 1485 50TH CT VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/19/05-80087-002 228.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wally Houk WALLY HOUK, TREASURER 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #