


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90435 021 \*\*\*158.75

**DOCUMENT # P99000058678**

1. Entity Name  
**WAVERLY REGULATORY ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**5916 STATE RD 540**      **PO BOX 571**  
**WAVERLY, FL 33877**      **WAVERLY, FL 33877**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**P.O. Box K, WAVERLY, FL 33877**

City & State      City & State

Zip      Country      Zip      Country

4000



04082006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**59-3586652**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOUK, WALLY**  
**5916 STATE RD 540**  
**WAVERLY, FL 33877**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME	PD KOVACH, GAP	<input type="checkbox"/> Delete
STREET ADDRESS	941 SUCCESS AVE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE NAME	VD HUNT, FRANK M III	<input type="checkbox"/> Delete
STREET ADDRESS	HUNT BROS RD.	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE NAME	TD HOUK, WALLY	<input type="checkbox"/> Delete
STREET ADDRESS	4738 EASTON ST	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE NAME	SD SANDERS, CHARLES M JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1485 50TH CT	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2608 COVENTRY AVE.	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD WALLY HOUK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4738 EASTON ST	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:** Wally Houk      **WALLY HOUK**      4-10-06      (813) 439-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #