


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
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 POB K WAVERLY, FL 33877	

DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

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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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, 2007 Fee will be \$650.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOVACH, GAP 3808 COVENTRY 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 HOUK, WALLY 4738 EASTON ST LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Date: 4-19-07 (863) 439-3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #