

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**



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3586652

Applied For
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**

**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, 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	PD
NAME	KOVACH, GAP
STREET ADDRESS	3808 COVENTRY AVE
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	VD
NAME	HUNT, FRANK M III
STREET ADDRESS	HUNT BROS RD.
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	TD
NAME	HOUK, WALLY
STREET ADDRESS	4738 EASTON ST
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	HOUK, WALLY
STREET ADDRESS	4738 EASTON ST
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07 000000002 158.75

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07
Date

(863) 439-3461
Daytime Phone #