


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90088 050 ***150.00

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|---|-------------------------------------|---|---|
| DOCUMENT # S06042 | |  | |
| 1. Entity Name WATERFORD LAND COMPANY, INC. | | | |
| Principal Place of Business 333. S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 US | | Mailing Address 333. S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MILLER, MICHAEL W 395 COMMERCIAL CT SUITE A VENICE, FL 34292 | | 7. Name and Address of New Registered Agent Name: <u>Miller, Michael W.</u> Street Address (P.O. Box Number is Not Acceptable): <u>333 S. Tamiami Trail Ste 101</u> City: <u>Venice</u> FL Zip Code: <u>34285</u> | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, MICHAEL W. | NAME | |
| STREET ADDRESS | 333. S. TAMiami TRAIL, SUITE 101 | STREET ADDRESS | |
| CITY- ST- ZIP | VENICE, FL 34285 | CITY- ST- ZIP | |
| TITLE | VSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARRISH, JAYNE E | NAME | |
| STREET ADDRESS | 333. S. TAMiami TRAIL, SUITE 101 | STREET ADDRESS | |
| CITY- ST- ZIP | VENICE, FL 34285 | CITY- ST- ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, TIMOTHY D | NAME | |
| STREET ADDRESS | 333. S. TAMiami TRAIL, SUITE 101 | STREET ADDRESS | |
| CITY- ST- ZIP | VENICE, FL 34285 | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | 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)(c), 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: _____ | | Date: _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Carfax Phone #</small> | |