
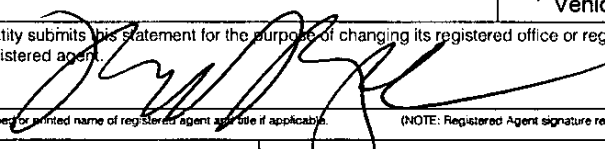
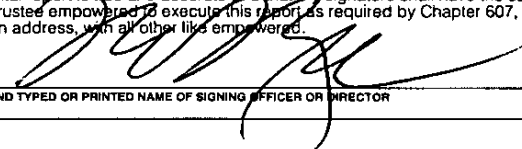


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90111 049 ***150.00

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # S38940 1. Entity Name WATERFORD SOUTH, 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 - No P.O. Box # 333 South Tamiami Trail | | 3. Mailing Address 333 South Tamiami Trail | | | |
| Suite, Apt. #, etc. Suite 203 | | Suite, Apt. #, etc. Suite 203 | | | |
| City & State Venice, FL | | City & State Venice, FL | | 4. FEI Number 65-0250491 | |
| Zip 34285 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MILLER, MICHAEL W. 333 S. TAMiami TRAIL, STE. 101 VENICE, FL 34285 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 South Tamiami Trail, Suite 203 City Venice State FL Zip Code 34285 | |
| 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 5/1/08 <small>Signature, typed or printed name of registered agent appropriate if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP | DP MILLER, MICHAEL 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PARRISH, JAYNE E 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MILLER, T D 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | | |
| 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:  DATE 5/1/08 DAYTIME PHONE # 941 441 1651 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |