

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90002 037 ***150.00

DOCUMENT # S87653					
1. Entity Name WAOT, INC.					
Principal Place of Business 100 W. LIVINGSTON STREET ORLANDO FL 32801 US			Mailing Address 100 W. LIVINGSTON STREET ORLANDO FL 32801 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3088229	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HARMENING W.A. II 100 W. LIVINGSTON STREET ORLANDO FL 32801			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	DST LOCKE, JOHN <input checked="" type="checkbox"/> Delete		TITLE	DST STINE, ROBERT H <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	100 W. LIVINGSTON STREET		NAME	100 W LIVINGSTON ST	
STREET ADDRESS	ORLANDO FL		STREET ADDRESS	ORLANDO, FL 32801	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP HARMENING W.A., II <input type="checkbox"/> Delete		TITLE		
NAME	100 W. LIVINGSTON STREET		NAME		
STREET ADDRESS	ORLANDO FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #