


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V42494**  
 1. Entity Name  
 WALDORF ENTERPRISES OF GADSDEN COUNTY, INC.



Principal Place of Business: 2195 W TENNESSEE ST, TALLAHASSEE, FL 32304  
 Mailing Address: 2195 W TENNESSEE ST, TALLAHASSEE, FL 32304

**DO NOT WRITE IN THIS SPACE**



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3133329  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHEFFIELD, CARLTON  
 2195 W TENNESSEE ST  
 TALLAHASSEE, FL 32304

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

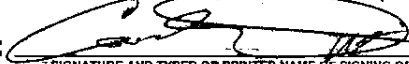
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEFFIELD, REIDA M.
STREET ADDRESS	1517 COLEMAN ST
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	P
NAME	SHEFFIELD, CARLTON
STREET ADDRESS	1517 COLEMAN ST
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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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 addressee, with all other like empowered.

SIGNATURE:  Carlton Sheffield 5/10/05 (850) 525-2331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #