


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

08 MAR 20 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3 S. SLAPPEY STREET QUINCY, FL 32351		Mailing Address 3 S. SLAPPEY STREET QUINCY, FL 32351	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03202008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3133329		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHEFFIELD, CARLTON 3 S. SLAPPEY STREET QUINCY, FL 32351				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	

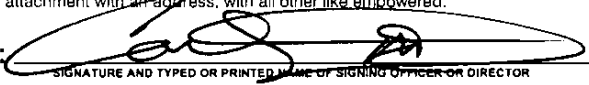
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD SHEFFIELD, REIDA M. <input type="checkbox"/> Delete 1517 COLEMAN ST TALLAHASSEE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P SHEFFIELD, CARLTON <input type="checkbox"/> Delete 3 S. SLAPPEY STREET QUINCY, FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	200120855832	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	03/20/08--01005--020 **150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME	TS 3/20/08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		

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:  3/20/08 860-510-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #