

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026286

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** JIM WALTERS COMMUNICATIONS, INC.

**Current Principal Place of Business:**

4174 BAYWATER PLACE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

4174 BAYWATER PALCE  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 05-0557529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WALTERS, JIM  
4174 BAYWATER PLACE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALTERS, JIM P  
Address: POST OFFICE BOX 2676  
City-St-Zip: LAKELAND, FL 33806

Title: D ( ) Delete  
Name: CLARK, IAN VP  
Address: 4901 DOSSEY RD S.  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM WALTERS

P

01/19/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date