

Feb 07 06 08:43a

ANNUAL REPORT**DOCUMENT # P06000056497**1. Entity Name
WALT ELDRIDGE INCPrincipal Place of Business
**7035 ELMER DEES ROAD
LAKELAND, FL 33810 US**Mailing Address
**7035 ELMER DEES ROAD
LAKELAND, FL 33810 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05152007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4725334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELDRIDGE, WALT J
7035 ELMER DEES ROAD
LAKELAND, FL 33810**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when recertifying)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
P	ELDRIDGE, WALT J	7035 ELMER DEES ROAD	LAKELAND, FL 33810	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
SEC	ELDRIDGE, WALT J	7035 ELMER DEES ROAD	LAKELAND, FL 33810	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

5/1/07

Date

Dryline Phone #