


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90372 041 \*\*\*150.00

**DOCUMENT # P93000034275**  
 1. Entity Name?  
**FRANK WALTHER INC.**



Principal Place of Business      Mailing Address  
 1021 HELMSDALE DR      1021 HELMSDALE DR  
 WESLEY CHAPEL, FL 33543 US      WESLEY CHAPEL, FL 33543 US

40085884



04132008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-3182628      Not Applicable

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

6. Name and Address of Current Registered Agent  
 WALTHER, FRANK N  
 1021 HELMSDALE DRIVE  
 WESLEY CHAPEL, FL 33543

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTHER, FRANK N
STREET ADDRESS	1021 HELMSDALE DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	V
NAME	WALTHER, FRANK J
STREET ADDRESS	9326 FAIRWAYS LAKES CT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	S
NAME	WALTHER, CHRIS O
STREET ADDRESS	17409 FLATWOOD KEY DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	T
NAME	WALTHER, DENICE L
STREET ADDRESS	1021 HELMSDALE DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33542 Chapel 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Denice Walther      Date: 4/10/08      Daytime Phone #: 813 907-5118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR