

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000082242 1. Entity Name WALTERS LEVINE BROWN KLINGENSMITH & THOMISON, P.A.	
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Principal Place of Business 1515 RINGLING BLVD SUITE 900 SARASOTA, FL 34236 US	Mailing Address P.O. BOX 1479 SARASOTA, FL 34230-1479 US
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01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0786055	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMISON, JAMES E 1515 RINGLING BLVD SUITE 900 SARASOTA, FL 34236

**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.

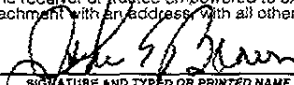
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000050838 02/16/04-80027-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTERS, JOEL W 1515 RINGLING BLVD, #900 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, STUART J 1515 RINGLING BLVD, #900 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, JOHN E 1515 RINGLING BLVD, #900 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMISON, JAMES E 1515 RINGLING BLVD, #900 SARASOTA, FL 34236
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 exemption stated in Section 119.07(3)(f), 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:  PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/10/04 Date	941 364-8787 Daytime Phone #
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