2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90079 034 ***150.00

DOCUMENT # P97000082242

1. Entity Name
WALTERS LEVINE BROWN KLINGENSMITH & THOMISON, P.A.

Principal Place of Business	Mailing Address
~~1515 RINGLING BLVD~~ ~~SUITE 900~~ SARASOTA, FL 34236 US	~~P.O. BOX 1479~~ ~~SARASOTA, FL 34230-1479 US~~

2. Principal Place of Business	3. Mailing Address
1800 Second St.	1800 Second St
Suite, Apt. #, etc. Suite 808	Suite, Apt. #, etc. Suite 808
City & State SARASOTA, Florida	City & State SARASOTA, Florida
Zip 34236 Country USA	Zip 34236 Country USA

01042005 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
THOMISON, JAMES E ~~1515 RINGLING BLVD~~ ~~SUITE 900~~ SARASOTA, FL 34236 1800 Second St. Suite 808	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 James E. Thomison, Secretary 1/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALTERS, JOEL W ~~1515 RINGLING BLVD, #900~~ SARASOTA, FL 34236 1800 Second St Ste. 808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVINE, STUART J ~~1515 RINGLING BLVD, #900~~ SARASOTA, FL 34236 1800 Second St. Ste. 808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, JOHN E ~~1515 RINGLING BLVD, #900~~ SARASOTA, FL 34236 1800 Second St Ste. 808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST THOMISON, JAMES E ~~1515 RINGLING BLVD, #900~~ SARASOTA, FL 34236 1800 Second St Ste. 808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JET James E. Thomison Secretary 1/21/05 941-364-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #