2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000082242

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

Principal Place of Business	Mailing Address
1800 SECOND ST SUITE 808 SARASOTA, FL 34236 US	1800 SECOND ST SUITE 808 SARASOTA, FL 34236 US

01032007 No Chg-P CR2E034 (11/05)

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
1800 SECOND ST.
SUITE 808
SARASOTA, FL 34236

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WALTERS, JOEL W
STREET ADDRESS	1800 SECOND ST. SUITE 808
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	P
NAME	LEVINE, STUART J
STREET ADDRESS	1800 SECOND ST. SUITE 808
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	ST
NAME	THOMISON, JAMES E
STREET ADDRESS	1800 SECOND ST. SUITE 808
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Stuart Jay Levine, Pres 1-10-07 941-364-8787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #