

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000080369

**Entity Name:** CMWALTERS, P.A.

**Current Principal Place of Business:**

4379 MOURNING DOVE DR.  
NAPLES, FL 34119

**Current Mailing Address:**

4379 MOURNING DOVE DR.  
NAPLES, FL 34119 US

**FEI Number:** 87-2655661

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAX & FINANCIAL STRATEGISTS, LLC  
28089 VANDERBILT DRIVE  
SUITE 201  
BONITA SPRINGS, FL 34134 US

*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.*

**SIGNATURE:** LISA ZAHORIAN

01/16/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name WALTERS, CAROLYN  
Address 4379 MOURNING DOVE DR.  
City-State-Zip: NAPLES FL 34119

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTERS , CAROLYN

DPST

01/16/2025

Electronic Signature of Signing Officer/Director Detail

Date