

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90279 040 ***150.00

DOCUMENT # 149631

1. Entity Name
WALDEN INVESTMENT CO INC



Principal Place of Business

**408 W. RENFRO
P O BOX 1569
PLANT CITY, FL 33566-5242**

Mailing Address

**408 W. RENFRO
P O BOX 1569
PLANT CITY, FL 33566-5242**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0567826

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDEN, DON DON
408 W RENFRO
PO BOX 1569
PLANT CITY, FL 33564-1569**

**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

**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**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALDEN, DON
STREET ADDRESS	408 W RENFRO
CITY-ST-ZIP	PLANT CITY, FL
TITLE	S
NAME	WALDEN, LOIS B
STREET ADDRESS	408 W. RENFRO
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	W V D
NAME	WALDEN, SBYNDA B
STREET ADDRESS	2006 COUNTRY CLUB COURT
CITY-ST-ZIP	PLANT CITY, FL 33567
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)(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: **DON WALDEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

813 752 8013

Daytime Phone #