


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90017 027 ***150.00

DOCUMENT # 274224

1. Entity Name
WALT DITTMER AND SONS, INC.



Principal Place of Business Mailing Address

1006 SHEPARD ROAD **1006 SHEPARD ROAD**
WINTER SPRINGS, FL 32708 **WINTER SPRINGS, FL 32708**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03082005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-1021674 Not Applicable

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

8. Name and Address of Current Registered Agent

DITTMER, WALT, JR.
400 BRASSIE DR
LONGWOOD, FL 32750

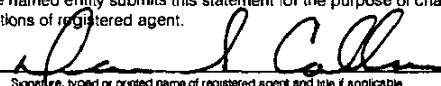
7. Name and Address of New Registered Agent

Name **Dana S. Callan**

Street Address (P.O. Box Number is Not Acceptable) **110 N. Sunset Dr.**

City **Casselberry** FL Zip Code **32707**

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  **8 March 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DITTMER, WALT JR	
STREET ADDRESS	400 BRASSIE DR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALLAN, DANA S.	
STREET ADDRESS	110 NORTH SUNSET DRIVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DITTMER, MARTHA E.	
STREET ADDRESS	400 BRASSIE DR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walt Dittmer, Jr.	
STREET ADDRESS	400 Brassie Dr	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dana S. Callan	
STREET ADDRESS	110 North Sunset Dr	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen E. Callan	
STREET ADDRESS	110 North Sunset Dr.	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **8 March 2005** **407-699-1755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #