04/29/2007 23:35 3527958977 WMCWC

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90068 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

40111606

DOCUMENT # 294480

1. Entity Name
WALT CONNORS, INC.

Principal Place of Business	Mailing Address
210 W. TOMPKINS STREET INVERNESS, FL 34450	210 W. TOMPKINS STREET INVERNESS, FL 34450 US

04302007 Chg-P CR2E034 (12/06)

X Principal Place of Business - No P.O. Box #: 200 W Tompkins St	X Mailing Address: 200 W Tompkins St
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Inverness
City & State: Inverness Fl	City & State: Florida
Zip: 34450 Country: USA	Zip: 34450 Country: USA

4. FEI Number: 59-1143761 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	X Name and Address of New Registered Agent
CONNORS, CONSTANCE E PD 210 W. TOMPKINS STREET INVERNESS, FL 34450	Name: Constance E Connors Street Address (P.O. Box Number is Not Acceptable): 4 N Archwood Dr City: Inverness FL Zip Code: 34450

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CONNORS, CONSTANCE E		NAME	
STREET ADDRESS	4 N. ARCHWOOD DRIVE		STREET ADDRESS	
CITY-ST-ZIP	INVERNESS, FL 34450		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Constance E Connors 4-29-07 352-726-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #