



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 299929			
1. Entity Name WALTER - WILLIAM INVESTMENT COMPANY			
Principal Place of Business 6700 S. FLORIDA AVENUE SUITE #1 LAKELAND, FL 33813 US		Mailing Address P.O. BOX 7220 LAKELAND, FL 33807 US	
DO NOT WRITE IN THIS SPACE			
		04272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1159392	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ELLSWORTH, S.M. STE # 1 6700 S FLORIDA AVE STE # 1 LAKELAND, FL 33813		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000143635 04/30/04-80097-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	VSD		
NAME	BADCOCK, M.E.		
STREET ADDRESS	6700 S FLORIDA AVE #1		
CITY-ST-ZIP	LAKELAND, FL		
TITLE	PTD		
NAME	ELLSWORTH, S.M.		
STREET ADDRESS	6700 S FLORIDA AVE #1		
CITY-ST-ZIP	LAKELAND, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: <i>Suzanne M. Ellsworth</i>		4-27-04 863-647-5123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	