

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Apr 25, 2005 08:00 AM
Secretary of State



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1159392

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
BADCOCK, M.E.
6700 S FLORIDA AVE #1
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
ELLSWORTH, S.M.
6700 S FLORIDA AVE #1
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UD0000323206
04/25/05-80106-024 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Suzanne M. Ellsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05
Date

863-647-512
Daytime Phone #

SUZANNE M. ELLSWORTH