

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90049 006 \*\*\*150.00

**DOCUMENT # 503746**

1. Entity Name

**M. WALSH & SONS, INC.**



Principal Place of Business  
2923 STANFORD RD.  
PANAMA CITY FL 32405

Mailing Address  
2923 STANFORD RD.  
PANAMA CITY FL 32405



2. Principal Place of Business - No P.O. Box #

**1009 Magnolia Ave**

Suite, Apt. #, etc.

3. Mailing Address

**1009 Magnolia Ave**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**Panama City, FL**

City & State

**Panama City, FL**

4. FEI Number

**59-1658145**

Applied For

Not Applicable

Zip  
**32401**

Country  
**USA**

Zip  
**32401**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALSH, MICHAEL H. III  
2923 STANFORD ROAD  
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Michael H. Walsh III*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FEB 1, 2007**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **STD** ☐ Delete  
NAME: **WALSH, MICHAEL H. III**  
STREET ADDRESS: **2923 STANFORD RD.**  
CITY- ST- ZIP: **PANAMA CITY, FL 00000**

TITLE: **DP** ☐ Delete  
NAME: **WALSH, MICHAEL H.**  
STREET ADDRESS: **2923 STANFORD RD.**  
CITY- ST- ZIP: **PANAMA CITY, FL 00000**

TITLE: **V** ☐ Delete  
NAME: **WALSH, JUDY L**  
STREET ADDRESS: **2923 STANFORD RD.**  
CITY- ST- ZIP: **PANAMA CITY FL 32405**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Michael H. Walsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 1, 2007**

**850-763-4529**

Date

Daytime Phone #