

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90033 013 \*\*\*150.00

**DOCUMENT # 562759**

1. Entity Name

WALTER ANDERSON ENTERPRISES, INC.



Principal Place of Business

2609 E. BLVD 98  
CALLAWAY FL 32404  
US

Mailing Address

2609 E. BLVD 98  
CALLAWAY FL 32404  
US

34040400



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

219 S Hwy 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Callaway, FL

4. FEI Number

59-1812592

Applied For

Not Applicable

Zip

Country

Zip

Country

32404

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, WALTER O.

6925 E HWY 22  
PANAMA CITY FL 32404

Name

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

219 S Hwy 100

City

Callaway

FL

Zip Code

32404

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

WALTER O ANDERSON

(NOTE: Registered Agent signature required when reinstating)

step 04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANDERSON, WALTER O.  
6925 E HWY 22  
PANAMA CITY FL 32404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
219 S Hwy 100  
Callaway, FL 32404

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: WALTER O ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter O Anderson 850-763-7793

Date

Daytime Phone #