

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 579766

1. Entity Name
ALLISON WALTER ASSOCIATES, INC.



Principal Place of Business
**14151 SW 24TH ST
FT LAUDERDALE, FL 33325-5032**

Mailing Address
**14151 SW 24TH ST
FT LAUDERDALE, FL 33325-5032**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1835709

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

**CARGILL, WALTER
14151 SW 24TH ST
FT LAUDERDALE, FL**

**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 also if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARGILL, WALTER EDWARD
14151 SW 24TH ST
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CARGILL, ALLISON
14151 SW 24TH ST
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CARGILL, ANDREW S
14151 SW 24 ST
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CARGILL, WALTER E JR
9929 NW 9 CT
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000165744
07/12/04-80026-002 150.00

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

SIGNATURE:

Walter Cargill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/04

Date

954-474-3322
Daytime Phone #