

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90416 001 ***450.00



03262005 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 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	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	

**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

4/1/05 954-474-3322
Date Daytime Phone #