

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90001 003 \*\*\*550.00

**54069048**



MOORE CR2E034 (4/04)

<b>DOCUMENT # 644020</b> 1. Entity Name <b>J. M. WALTER PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business <b>2390 CATTLEMEN ROAD SARASOTA FL 34232-6207</b>			Mailing Address <b>2390 CATTLEMEN ROAD SARASOTA FL 34232-6207</b>		
2. Principal Place of Business <b>1516 FOX CREEK DR</b>		3. Mailing Address <b>1516 FOX CREEK DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SARASOTA, FL</b>		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>59-2046022</b>	
Zip <b>34240</b> Country <b>USA</b>		Zip <b>34240</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WALTER, JOANN M. 2390 CATTLEMEN RD. SARASOTA FL 33583</b>				7. Name and Address of New Registered Agent Name <b>JO ANN M. WALTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1516 FOX CREEK DR.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34240</b>	
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 <u><i>Joann M. Walter</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>8/17/04</u>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER, JOANN M. 2390 CATTLEMEN RD. SARASOTA FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER, JO ANN M. 1516 FOX CREEK DR SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Joann M. Walter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/17/04</u> Daytime Phone #		