

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 646231

1. Entity Name

WALTER MCCALL PLASTERING, INC.



Principal Place of Business

4219 CENTURIAN CIRCLE
GREENACRES CITY, FL 33463

Mailing Address

4219 CENTURIAN CIRCLE
GREENACRES CITY, FL 33463



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2096914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCALL, WALTER
4219 CENTURIAN CIRCLE
GREENACRES, FL 33463

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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, 2006 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
TD
MCCALL, LORI
4219 CENTURIAN CIR
GREENACRES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCCALL, WALTER
4219 CENTURIAN CIR
GREENACRES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCCALL, LORI
4219 CENTURIAN CIR
GREENACRES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BENSON, ROBERT
1900 ARABIAN RD
WEST PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000414517
02/11/06-80038-022 150.00

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06

Date

Daytime Phone #

Walter McCall