2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-14-2007 90062 017 ***150.00

DOCUMENT # 646231

1. Entity Name
WALTER MCCALL PLASTERING, INC.

Principal Place of Business	Mailing Address
4219 CENTURIAN CIRCLE GREENACRES CITY, FL 33463	4219 CENTURIAN CIRCLE GREENACRES CITY, FL 33463

DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

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

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: Walter McCall Pres Feb 7 '07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MCCALL, LORI
STREET ADDRESS	4219 CENTURIAN CIR
CITY-ST-ZIP	GREENACRES, FL
TITLE	PD
NAME	MCCALL, WALTER
STREET ADDRESS	4219 CENTURIAN CIR
CITY-ST-ZIP	GREENACRES, FL
TITLE	SD
NAME	MCCALL, LORI
STREET ADDRESS	4219 CENTURIAN CIR
CITY-ST-ZIP	GREENACRES, FL
TITLE	VP
NAME	BENSON, ROBERT
STREET ADDRESS	1900 ARABIAN RD
CITY-ST-ZIP	WEST PALM BEACH, FL
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 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: X Walter McCall Pres. Dot (561)968-5328 01/12/07
SIGNATURE AND OFFICER OR DIRECTOR TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WALTER MCCALL