


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90032 012 \*\*\*150.00

**DOCUMENT # 689612**

1. Entity Name  
**THE FEE-WALTERS CORPORATION**



Principal Place of Business Mailing Address

6635 GLENCOE DRIVE 6635 GLENCOE DRIVE  
P.O. BOX 16959 P.O. BOX 16959  
TEMPLE TERRACE FL 33687 TEMPLE TERRACE FL 33687

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2803858** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, DENNIS D.**  
**6635 GLENCOE DRIVE**  
**TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input checked="" type="checkbox"/> Delete	FEE, GEORGE W. 1211 N RIVERHILLS DRIVE TEMPLE TERRACE FL	TITLE SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	WALTERS, BEVERLY S. 6635 GLENCOE DR. TEMPLE TERRACE FL 33617
TITLE PD <input type="checkbox"/> Delete	WALTERS, DENNIS D. 6635 GLENCOE DRIVE TEMPLE TERRACE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  DENNIS D. WALTERS 4/9/04 813 9885340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #