


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90003 039 \*\*\*150.00

<b>DOCUMENT # 822757</b> 1. Entity Name <b>WALBRO INVESTMENT LIMITED</b>			
Principal Place of Business <b>23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135 US</b>		Mailing Address <b>23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135 US</b>	
2. Principal Place of Business <b>8001 VIA RAPALLO Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>8001 VIA RAPALLO Drive</b> Suite, Apt. #, etc.	
City & State <b>Cestero, FL</b> Zip <b>33928</b>		City & State <b>Cestero, FL</b> Zip <b>33928</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-7275262</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALLACE, JAMES P 23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, JAMES P 23750 OLD LIGHTHOUSE ROAD BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, JAMES P. 8001 VIA RAPALLO DRIVE Cestero, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONEIL, BRIAN 200 LANSLOWNE AVE, #561 WESTMOUNT, QU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, JOSEPH 23750 OLD LIGHTHOUSE RD BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, JOSEPH 8001 VIA RAPALLO DRIVE Cestero, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGSON, BRIAN 4522 PUGET DRIVE VANCOUVER, BC,	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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

**50002127**



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