

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90126 002 \*\*\*150.00

**20034249**



04192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F36079</b>					
1. Entity Name HANSON, WALTER & ASSOCIATES, INC.					
Principal Place of Business 400 W EMMETT ST KISSIMMEE, FL 34741-5481		Mailing Address 400 W EMMETT ST KISSIMMEE, FL 34741-5481			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2109485	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTER, LARRY W 400 W EMMETT ST KISSIMMEE, FL 34741			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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANSON, RANDY K.	NAME			
STREET ADDRESS	1390 OAK SHORE DR	STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD, FL	CITY-ST-ZIP			
TITLE	SPD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALTER LARRY W.	NAME	PD WALTER, LARRY W.		
STREET ADDRESS	3851 CITRUS STREET	STREET ADDRESS	3851 CITRUS STREET		
CITY-ST-ZIP	KISSIMMEE, FL	CITY-ST-ZIP	KISSIMMEE, FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	S HINDLE, SHAWN D.		
STREET ADDRESS		STREET ADDRESS	2228 JESSICA LANE		
CITY-ST-ZIP		CITY-ST-ZIP	KISSIMMEE, FL		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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 of 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06  
Date

407-897-9453  
Daytime Phone #