2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F36079

1. Entity Name

HANSON, WALTER & ASSOCIATES, INC.



Principal Place of Business Mailing Address

400 W EMMETT ST KISSIMMEE, FL 34741-5481 400 W EMMETT ST KISSIMMEE, FL 34741-5481 FILED Feb 28, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 4. | FEI Number | | Applied For |
|----|------------|-----------|----------------|
| | 59-2109485 | | Not Applicable |
| _ | 0.17 | \$8.7 | 5 Additional |

5. Certificate of Status Desired

02212007

Fee Required

CR2E034 (11/05)

WALTER, LARRY W 400 W EMMETT ST KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

No Chg-P

| | named entity submits this statement for the prions of registered agent. | urpose of changing its registere | ed office or r | registered agent, or bo | oth, in the State of Fiorida. I am familiar with, and accept |
|--|---|---|-----------------|------------------------------|--|
| SIGNATURE. | | | | | |
| | Signature, typed or printed name of registered agent and title if | applicable (NOTE: Registered | Agent signature | e required when reinstaling) | DATE |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees | | | |
| 10, | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME Street address City-St-Zip | VPT HANSON, RANDY K. 1390 OAK SHORE DR ST. CLOUD, FL | . | | | |
| TITLE Name Street address City-St-Zip | PD WALTER LARRY W. 3851 CITRUS STREET KISSIMMEE, FL | | , - | | t/00000659459 03/08/07-80014-015 150.00 |
| TITLE Name Street address City-St-Zip | S HINDLE, SHAWN D 2228 JESSICA LANE KISSIMMEE, FL | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | THIS SPACE |
| TITLE Name Street address City-St-Zip | | | į | | |
| TITLE NAME STREET AODRESS 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 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/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Witte 2/22/0.

407-847-9433