

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36079

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** HANSON, WALTER & ASSOCIATES, INC.

**Current Principal Place of Business:**

400 W EMMETT ST  
KISSIMMEE, FL 347415481

**New Principal Place of Business:**

**Current Mailing Address:**

400 W EMMETT ST  
KISSIMMEE, FL 347415481

**New Mailing Address:**

FEI Number: 59-2109485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPT  
Name: HANSON, RANDY K.  
Address: 1390 OAK SHORE DR  
City-St-Zip: ST. CLOUD, FL

Title: PD  
Name: WALTER LARRY W.  
Address: 3851 CITRUS STREET  
City-St-Zip: KISSIMMEE, FL

Title: S  
Name: HINDLE, SHAWN D  
Address: 2228 JESSICA LANE  
City-St-Zip: KISSIMMEE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY WALTER

PRES

03/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date