## 2008 FOR PROFIT CORPORATION

## Mar 10, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F96000006417 03-10-2008 90054 001 \*\*\*150.00 1. Entity Name WALTER W. UNGERMANN, INC. Principal Place of Business Mailing Address 40041372 P.O. BOX 395 P.O. BOX 395 JUPITER, FL 33468 JUPITER, FL 33468 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 04-3070577 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, CHARLES R ESQ. 725 N A1A, SUITE E-102 Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33477 City 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. Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition UNGERMANN, WALTER W NAME NAME STREET ADDRESS 81 LIGHTHOUSE DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-7IP Delete TITLE ☐ Change TITLE ☐ Addition NAME UNGERMANN, WALTER W NAME STREET ADORESS 81 LIGHTHOUSE DRIVE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

Daytime Phone #

**FILED**