


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90024 027 \*\*\*150.00

|   |   |  |  |  |   |
|---|---|--|--|--|---|
| <b>DOCUMENT # G37980</b><br>1. Entity Name<br><b>JOHN WALTER CONSTRUCTION, INC.</b>   |   |  |  |   |   |
| Principal Place of Business<br><b>853 SIESTA KEY CIRCLE<br/>SARASOTA FL 34242</b>   |   |  | Mailing Address<br><b>853 SIESTA KEY CIRCLE<br/>SARASOTA FL 34242</b>    |  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BELL, THOMAS W.<br/>1585 BAY POINT DR<br/>SARASOTA FL 34236</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>             |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PS<br>WALTER, JOHN R.<br>853 SIESTA KEY CIRCLE<br>SARASOTA FL |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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> <i>John R. Walter</i> <b>John R. Walter</b> 7/27/05 94-3765002<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |  |   |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2293615** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT

7/27/05

~~SD058724~~  
# 637980

Dear Florida Dept of State

Prior notice of my annual report  
form was not received in the  
early part of this year.

Thank You

John Walter

Document # 637980