


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G41197 1. Entity Name AMERICAN TORCH TIP COMPANY	
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Principal Place of Business 6212 29TH ST. EAST BRADENTON, FL 34203	Mailing Address 6212 29TH ST. EAST BRADENTON, FL 34203
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2297860	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, JOHN D, JR.
6212 29TH ST. EAST
BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTERS, MARK R 4009 65TH ST. E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTERS, JOHN D. III 6804 PINEHURST PLACE BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTERS, JEFFREY K 6816 PINEHURST PL BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, STEVEN C 730 13TH STREET N.E. BRADENTON, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, DANIEL J 6123 CYPRESS CIR CT. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, CHARLES G JR. 8119 TIMBERLAKE LN. SARASOTA, FL 34243

UD0000332945
04/26/05-80078-014 150.00

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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)(f), 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

Date _____

Daytime Phone # _____