

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90003 015 ***150.00

DOCUMENT # G48572 1. Entity Name SIR WALTER, INC.	
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Principal Place of Business 500 S PLUMOSA ST MERRITT ISLAND, FL 32952-3311 US	Mailing Address 500 S PLUMOSA ST MERRITT ISLAND, FL 32952 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2301623	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RALEIGH, E.P.
665 HERON DRIVE
MERRITT ISLAND, FL 32952

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RALEIGH, E. P. 665 HERON DR. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RALEIGH, M.J. 665 HERON DR. MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RALEIGH, E P III 851 SPANISH CAY DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RALEIGH, J.E. 2860 S. COURTNEY PARKWAY MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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.

SIGNATURE: E.P. Raleigh **1-20-04** **(321) 459-0646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #