2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

ANNUAL REPORT			Secretary of Sta			
DOCUMENT # G48572 1. Entity Name SIR WALTER, INC.	er er () () er () () ()				v	
Principal Place of Business 500 S PLUMOSA ST MERRITT ISLAND, FL 32952-3311 US	Mailing Address 500 S PLUMOSA ST MERRITT ISLAND, FL 32952	2 US				
				8 B. 6 18 18 18 18 18 18 18	1861 870 4 8164 9164 1861 8161 8161	1 141 •
DO NOT WRITE IN THIS SPACE			01092008 No Chg-P CR2E034 (11/05)			
			4. FEI Number Applied For 59-2301623 Not Applicable			
			5. Certificate	of Status Desired	\$8.75 Addition Fee Required	al _
6. Name and Address of Current	Registered Agent			-		
RALEIGH, E.P. 665 HERON DRIVE			DO	NOT W	RITE	
MERRITT ISLAND, FL 32952			IN 7	THIS SF	ACE	
, .			•••			
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its regis	tered office or registe	red agent, or bot	h, in the State of Flo	orida. I am familiar with, and	accept
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required			d when reinstating) DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaign Fir Trust Fund Contribute		i.00 May Be ded to Fees)0000780878 5/08–80013–003	150,00
10. OFFICERS AND	DIRECTORS					
NAME RALEIGH, E. P.						
STREET ADDRESS 665 HERON DR.						
CITY-ST-ZIP MERRITT ISLAND, FL TITLE VS		-				-
NAME RALEIGH, M.J.						
STREET ADDRESS 665 HERON DR. CITY-ST-ZIP MERRITT ISLAND, FL						
INLE D						
NAME RALEIGH, E P III STREET ADDRESS 851 SPANISH CAY DR.						
CITY-ST-ZIP MERRITT ISLAND, FL 32952	•		DO	NOT W	RITE	
NAME RALEIGH, J.E.			IN T	THIS SF	PACE	
STREET ADDRESS 2860 S. COURTNEY PKWY	•					
CITY-ST-ZIP MERRITT ISLAND, FL 32952	¥ 	4				
TITLE D NAME RALEIGH, MICHAEL						
STREET ADDRESS 245 BIMINI DRIVE						
CITY-SI-ZIP MERRITT ISLAND, FL 32952	·	-				
		-				1

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

E: 5 / Rales H

E. P. RALEICH, PRESIDENT

1-10-08

321-459-064C

Date

Daytime Ptione #