

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H04928

Entity Name: WALTER ALBANO, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5625 E HWY 100  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 352075  
PALM COAST, FL 32135 US

**New Mailing Address:**

FEI Number: 59-2417528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIUMENTO, MICHAEL D., ESQ.  
4 OLD KINGS ROAD, N. #3B  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VTS  
Name: ALBANO, MICHAEL  
Address: 43 N. CLINTON CT.  
City-St-Zip: PALM COAST, FL

Title: PD  
Name: ALBANO, THOMAS W.  
Address: 3412 COURTYARD WAY  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D  
Name: ALBANO, MICHAEL  
Address: 43 N. CLINTON COURT  
City-St-Zip: PALM COAST, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL ALBANO

V

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date