


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H78387 1. Entity Name BERNARD F. WALSH, P.A.	
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FILED
08 DEC -1 AM 10: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7301 EDENVILLE DR. SARASOTA, FL 34243 US	Mailing Address 7301 EDENVILLE DR. SARASOTA, FL 34243 US
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2. Principal Place of Business - No P.O. Box # 1211 Gulf of Mexico Dr # 904	3. Mailing Address 1211 Gulf of Mexico Dr # 904
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10222008 Chg-P CR2E034 (12/06)

City & State Longboat Key, FL	City & State Longboat Key, FL
Zip 34228	Zip 34228

4. FEI Number 59-2580538	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent WALSH, JOHN 7301 EDENVILLE DR. SARASOTA, FL 34243	7. Name and Address of New Registered Agent Name WALSH, BERNARD F Street Address (P.O. Box Number is Not Acceptable) 1211 Gulf of Mexico Dr # 904 City Longboat Key
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: *BFW* **BERNARD F. WALSH** DATE: _____

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, BERNARD F. 7301 EDENVILLE DR. SARASOTA, FL 342431716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD WALSH, BERNARD F 1211 Gulf of Mexico Dr, # 904 Longboat Key, FL 34228
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, JOHN 7301 EDENVILLE DR. SARASOTA, FL 342431716		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: *BFW* **BERNARD F. WALSH** *11/20/08* **941-752-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #