## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J27825

Entity Name: MCCURDY - WALDEN, INC.

86 SWIMMING PEN DE

MIDDLEBURG, FL 32068

Address: City-St-Zip: FILED Jan 08, 2009 Secretary of State

Littly Na	ille. WICCORI	or - Walden, INC.			
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	IMONWEALTH VILLE, FL 32:				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5267 COMMONWEALTH AVE. JACKSONVILLE, FL 32254 US			5267 COMMONWEALTH AVENUE JACKSONVILLE, FL 32254 US		
FEI Number	: 59-2724846	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SUITE 130 JACKSON	EPENDENT DI 00 IVILLE, FL 32:	202 US	ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.		ourpose of changing its registere	a office of registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD ( WALDEN, J A 1947 ST GEOF MIDDLEBURG		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WALDEN, D.E. 1814 COLONIA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	PD ( WALDEN, M.A	) Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MA WALDEN PD 01/08/2009