## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J48369

1. Entity Name

WALLER & ASSOCIATES, INC.



FILED Jan 05, 2007 08:00 AM Secretary of State

Principal Place of Business

1312 WEST CYPRESS STREET TAMPA, FL 33606 US

Mailing Address

1312 WEST CYPRESS STREET TAMPA, FL 33606 US



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4. FEI Number		Applied For
59-2745300		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

WALLER, SUSAN T. 3019 EMERSON ST. TAMPA, FL 33629

## DO NOT WRITE IN THIS SPACE

8. The ab	bove 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 tamiliar with, and accept
the ob	ligations of registered agent.	
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(NOTE: Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLER, SUSAN T. 3019 EMERSON ST. TAMPA, FL 33629			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
TITLE NAME STREET ADDRESS CITY-ST-21P				
TITLE NAME				

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DO NOT WRITE IN THIS SPACE

12. Thereby 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:

CITY-ST-ZIP

IGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 3 2007 873 258-9050