## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K02168

FILED Sep 28, 2004 Secretary of State

Entity Name: BARBARA L. WALTHER CORP.

Current P	rincipal Place of Busi	ness:	New Principal Place	of Business:
P.O. BOX MELBOUF	510263 RNE BEACH, FL  32951	0263		
Current M	lailing Address:		New Mailing Addres	s:
P.O. BOX MELBOUF	510263 RNE BEACH, FL 32951	0263		
FEI Number	: 59-2890766 FEI Nur	mber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of Current F	Registered Agent:	Name and Address of	of New Registered Agent:
SUITE 505 MELBOUF	RNE, FL 32901 US	his statement for the	ournose of changing its registers	d office or registered agent, or both.
n the State	e of Florida.	nis statement for the p	ourpose of changing its registere	a cilioc di Togrataroa agont, di botti,
	e of Florida. <sup>*</sup> RE:	ture of Registered Ag		Date
n the State SIGNATUI n accordan Election Cal	e of Florida. <sup>*</sup> RE:	ture of Registered Agos., the corporation did no	ent ot receive the prior notice.	
n the State SIGNATUI n accordan Election Cal	e of Florida.  RE:  Electronic Signa  ice with s. 607.193(2)(b), F.:  mpaign Financing Trust Fu	ture of Registered Agos, the corporation did no not not not not not not not not not	ent ot receive the prior notice.	Date
n the State SIGNATUI  n accordan Election Car OFFICER Fitle: Name: Address:	e of Florida.  RE:  Electronic Signation  ce with s. 607.193(2)(b), F.  mpaign Financing Trust Fu  S AND DIRECTORS:  PT () Delete  WALTHER, BARBARA L  3112 RIVER VILLA WAY	ture of Registered Agos, the corporation did no not not not not not not not not not	ent  ot receive the prior notice.  ADDITIONS/CHANG  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTO
n the State SIGNATUI  n accordan Election Can OFFICER  Title: Name: Address: City-St-Zip: Fitle: Name: Address:	Electronic Signates Electr	ture of Registered Agr S., the corporation did no nd Contribution ( ).	ent  ot receive the prior notice.  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: NANCY A. WALTHER VS 09/28/2004