


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K02168**  
 1. Entity Name  
**BARBARA L. WALTHER CORP.**



Principal Place of Business      Mailing Address  
 P.O. BOX 510263      P.O. BOX 510263  
 MELBOURNE BEACH, FL 32951-0263      MELBOURNE BEACH, FL 32951-0263

**DO NOT WRITE IN THIS SPACE**



03242005      No Chg-P      CR2E034 (10/03)

4. FEI Number  
 59-2890766      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NASH, CHARLES IAN  
 930 S. HARBOR CITY BLVD  
 SUITE 505  
 MELBOURNE, FL 32901

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WALTHER, BARBARA L
STREET ADDRESS	3112 RIVER VILLA WAY
CITY-ST-ZIP	MELBOURNE BEACH, FL
TITLE	VS
NAME	WALTHER, NANCY A.
STREET ADDRESS	242 VICTORIA PLACE
CITY-ST-ZIP	WAYNESVILLE, OH
TITLE	V
NAME	WALTHER, NICHOLAS A.
STREET ADDRESS	3112 RIVER VILLA WAY
CITY-ST-ZIP	MELBOURNE BEACH, FL
TITLE	V
NAME	MCSWAIN, LINDA
STREET ADDRESS	1884 24TH ST
CITY-ST-ZIP	GREELEY, CO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Barbara L. Walther* / **BARBARA WALTHER**      4/4/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 PRESIDENT