

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36297

FILED
Sep 05, 2006
Secretary of State

Entity Name: WALTER A. STEIGLEMAN, P.A.

Current Principal Place of Business:

% WALTER A. STEIGLEMAN
142 EGLIN PARKWAY, S.E.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

% WALTER A. STEIGLEMAN
PO BOX 685
FT. WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-2991243 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEIGLEMAN, WALTER A.
142 EGLIN PARKWAY, S.E.
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STEIGLEMAN, WALTER A, .
Address: 142 EGLIN PARKWAY S.E.
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: WALTER A. STEIGLEMAN

DP

09/05/2006

Electronic Signature of Signing Officer or Director

_____ Date