

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36297

FILED  
Apr 15, 2010  
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  
142 SE EGLIN PARKWAY  
FT. WALTON BEACH, FL 32548 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: WALTER A STEIGLEMAN

DP

04/15/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date