2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AR		Feb 24, 2006 08	:00 AM
DOCUMENT # M74502 1. Entity Name				Secretary of State	
L.J. WAL	TER, INC.	_			
Principal Plac	e of Business	- Mailing Address			
10109 FACET CT ORLANDO FL 32836 US		10109 FACET CT ORLANDO FL 32836 US	٠.		
2. Principal Place of Business		3. Mailing Address		**************************************	B1986) 10/10/2 10/10/10/10/10/10/10/10/10/10/10/10/10/1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	1st MOORE CR2E034 (1	(0/05)
City & State		City & State		4. FEI Number 65-0040927	Applied For Not Applicat
Zip	Country	Zip	Country	5. Certificate of Status Desired	1.75 Additional Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Age	int
WALTER, LARRY J			idatila		
10109 FACET CT ORLANDO FL 32836			Street Addres	s (P.O. Box Number is Not Acceptable)	
			City		Zip Code
• The above	named antibusy backs this statemen	ffeether and february to	} '	FL	•
the obligation	tions of registered agent.	i for the purpose of changing its i	registered ditice or regis	stered agent, or both, in the State of Florida. I am fam	iliat with, and accet
SIGNATURE	Signature, typed or printed name of registered as	AND THE RESIDENCE OF THE PARTY			
	ILE NOW!!! FEE IS \$150.00	en and nite in absention (MOTE	Registered Agent signature repu	ued when reinstating) DATE	=
After	May 1, 2006 Fee Will Be \$550. k Payable to Florida Department			 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May 6 Added to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	BECTORS IN 11
HITE	P	☐ De/ete	THE		Change 🔲 🚐
NAME	WALTER, LARRY		NAME.	U00000447207	
STREET ADDRESS CITY-ST-ZIP	10109 FACET CT ORLANDO FL 32836		STREET ADORESS GITY-ST-ZIP	03/08/06-80045-017	150.00
TITLE	V	□ Delete	THE		Change 🔲 Additi
NAME	WALTER, LAURIE		NAME		
STREET ABORESS CITY-ST-ZIP	10109 FACET CT	•	SIREET ADDRESS		
TITLE	ORLANDO FL 32836	☐ Deicre	CHTY-ST-ZIP		
NAME	WALTER, JOEY	T DEIGHE	NAME		I Ditatigo (
STREET ADDRESS CITY-ST-ZIP	10109 FACET CT		STREET ADDRESS		
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NAME STREET ADDRESS		☐ Dotete	TITLE NAME STREET ADDRESS		Change Addition

12. It hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

Lange 11 halto 1 - 2-5 11/2 Hom 2111101 4072711 1996

FILED