


FILED
Jul 28, 2004 8:00 am
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-28-2004 90024 033 ***150.00

DOCUMENT # P0000000847

1. Entity Name
SANDRA WALTERS CONSULTANTS, INC.



Principal Place of Business
**600 WHITE ST.
 SUITE 5
 KEY WEST, FL 33040**

Mailing Address
**600 WHITE ST.
 SUITE 5
 KEY WEST, FL 33040**

44050318



2. Principal Place of Business
6410 FIFTH STREET
 Suite, Apt. #, etc.
SUITE 3

3. Mailing Address
6410 FIFTH STREET
 Suite, Apt. #, etc.
SUITE 3

07242004 Chg-P CR2E034 (10/03)

City & State
KEY WEST, FL

City & State
KEY WEST, FL

Zip
33040

Country
US

Zip
33040

Country
US

4. FEI Number
65-0975585

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**WALTERS, SANDRA
 600 WHITE ST.
 SUITE 5
 KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name
WALTERS, SANDRA

Street Address (P.O. Box Number is Not Acceptable)
6410 FIFTH STREET

SUITE 3

City
KEY WEST

State
FL

Zip Code
33040

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 *Sandra Walters* **SANDRA WALTERS, PRESIDENT** **7-25-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS WALTERS, SANDRA 600 WHITE ST. KEY WEST, FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SANDRA WALTERS 6410 FIFTH STREET, SUITE 3 KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra Walters* **SANDRA WALTERS, PRES** **7-25-04** **305-294-1238**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #