

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063933

FILED
Apr 29, 2005
Secretary of State

Entity Name: WALTERS PHOTOGRAPHY, INC.

Current Principal Place of Business:

16903 LAKESIDE DR.
SUITE #6
MONTVERDE, FL 34756

New Principal Place of Business:

2794 IMPERIAL POINT TERR
CLERMONT, FL 34756

Current Mailing Address:

PO BOX 560177
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 65-1024367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, JAMES A
2794 IMPERIAL POINT TER
CLERMONT, FL 34711 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: CBPD () Delete
Name: WALTERS, JAMES A
Address: 2794 IMPERIAL POINT TER
City-St-Zip: CLERMONT, FL 34711

Title: VSTD () Delete
Name: WALTERS, HEATHER R
Address: 2794 IMPERIAL POINT TER
City-St-Zip: CLERMONT, FL 33711

Title: D () Delete
Name: MARTORELLA, MARGARET A
Address: 6290 NW 62ND DR.
City-St-Zip: COCONUT CREEK, FL 33072

Title: D () Delete
Name: MARTORELLA, MICHAEL J
Address: 6290 NW 62ND DR.
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: HEATHER R WALTERS

VSTD

04/29/2005

Electronic Signature of Signing Officer or Director

Date