

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003847

Entity Name: WALZ, INC.

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

425 BUCHANAN AVE., UNIT 502  
502  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

425 BUCHANAN AVE., UNIT 502  
502  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 30-0020111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALZ, JAMES H  
425 BUCHANAN AVE., UNIT 502  
502  
CAPE CANAVERAL, FL 32920 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WALZ, JAMES H  
Address: 425 BUCHANAN AVE., UNIT 502  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D  
Name: WALZ, MARY BETH  
Address: 425 BUCHANAN AVE., UNIT 502  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: JAMES H. WALZ

PRES

02/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date