

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098825

1. Entity Name

WALTER'S SERVICES, INC.



Principal Place of Business

3375 WEST 76 STREET
APT. #136
HIALEAH, FL 33018

Mailing Address

3375 WEST 76 STREET
APT. #136
HIALEAH, FL 33018

FILED

06 JUN 20 09:23

SECRET
TALLAHASSEE, FLORIDA



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2069775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, WALTER T
3375 WEST 76 STREET
APT. #136
HIALEAH, FL 33018

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IN THIS SPACE

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

(Signature, name, or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Jun 30, 06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
JIMENEZ, WALTER T
3375 WEST 76 STREET #136
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
JIMENEZ, ESTHER V
3375 WEST 76 STREET #136
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900077163779
07/07/06--01054--025 **550.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jun 30, 06