

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000001139**

1. Entity Name

WALTHOUR'S PROPERTIES INC.



Principal Place of Business

1781 NW 154TH STREET  
OPALOCKA, FL 33054

Mailing Address

1781 NW 154TH STREET  
OPALOCKA, FL 33054



01312005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0680641

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALTHOUR, BERTRAN  
1781 NW 154TH STREET  
OPALOCKA, FL 33054

**DO NOT WRITE  
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, 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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WALTHOUR, BERTRAN  
STREET ADDRESS 1781 NW 154TH STREET  
CITY-ST-ZIP OPALOCKA, FL 33054

TITLE V  
NAME WALTHOUR, JOSHUA J  
STREET ADDRESS 1781 NW 154TH STREET  
CITY-ST-ZIP OPALOCKA, FL 33054

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

000000215638  
02/05/05-80017-024 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Beth Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 (305) 490-7033

Date

Daytime Phone #