

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90322 029 ***150.00

DOCUMENT # P03000009592 1. Entity Name WALTERS SERVICES OF BREVARD, INC.					
Principal Place of Business 6005 N. WICKHAM ROAD MELBOURNE, FL 32940			Mailing Address 6005 N. WICKHAM ROAD MELBOURNE, FL 32940		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 14-1869493	
6. Name and Address of Current Registered Agent WALTERS, RALPH K 2413 STEWART ROAD MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name WALTERS, Ralph K. Street Address (P.O. Box Number is Not Acceptable) 2180 Pineapple Ave #39 City MELBOURNE FL 32935	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, RALPH K 2113 STEWART ROAD MELBOURNE, FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, Ralph K 2180 Pineapple Ave # 6 Melbourne, FL 32935
☐ Change ☐ Addition			☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, EARL W 2113 STEWART ROAD MELBOURNE, FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, EARL W 2064 Pineapple Ave #39 Melbourne, FL 32935
☐ Change ☐ Addition			☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEGOS, RICKEY C 587 TASCO STREET MELBOURNE, FL 32935	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
☐ Change ☐ Addition			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
☐ Change ☐ Addition			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
☐ Change ☐ Addition			☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ralph Walters **4/14/04** **321-508-5436**

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