


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000111471 1. Entity Name WALT & JUNG, INC.	
--	---

Principal Place of Business 5970 JOG RD F LAKE WORTH, FL 33467	Mailing Address 1520 S. RIVER RD ENGLEWOOD, FL 34223
--	--



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0304321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALTIMYER, ANGELIQUE T SECRETA 1520 S. RIVER RD. ENGLEWOOD, FL 34223

**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 renewing) 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

1100000195240

01/26/05-80022-002 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WALTIMYER, WADE R PRESIDE 1520 S. RIVER RD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PR JUNG, PETER E V-PRES 7807 OAK GROVE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR WALTIMYER, ANGELIQUE T SECRETA 1520 SOUTH RIVER ROAD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: Angelique Waltmyer Angelique Waltmyer 1/19/05 941-474-5371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #