

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90319 014 \*\*\*150.00

**DOCUMENT # P03000114232**

1. Entity Name  
**GREG WALDEN GUTTERS, INC.**



Principal Place of Business  
**5116 THORNTON LANE LOT #5  
PANAMA CITY, FL 32404**

Mailing Address  
**5116 THORNTON LANE LOT #5  
PANAMA CITY, FL 32404**



2. Principal Place of Business  
**2529 Price Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**2529 Price Lane**  
Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State  
**Panama City, FL**

City & State  
**Panama City, FL**

4. FEI Number  
**54-2132375**  
Applied For  
Not Applicable

Zip  
**32409**  
Country  
**USA**

Zip  
**32409**  
Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WALDEN, GREGORY H  
5116 THORNTON LANE LOT #5  
PANAMA CITY, FL 32404**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2529 Price Lane**  
City **Panama City** FL Zip Code **32409**

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 reissuing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 WALDEN, GREGORY H 5116 THORNTON LANE LOT #5 PANAMA CITY, FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDEN, BRIDGETTE L 5116 THORNTON LANE LOT #5 PANAMA CITY, FL 32404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2529 Price Lane Panama City, FL 32409</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2529 Price Lane Panama City, FL 32409</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gregory H. Walden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/06** **180-265-1650**  
Date Daytime Phone #  
**850-832-5280**