## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 17, 2008 08:00 AN Secretary of State **DOCUMENT # P03000119125** 1. Entity Name JERRY WALTERS CONSTRUCTION, INC. Principal Place of Business Mailing Address 25316 CELMAR ST. 25316 CELMAR ST. BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 No Chg-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1075972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, JERRY G DO NOT WRITE 25316 CELMAR ST. BROOKSVILLE, FL 34601 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) U00000787204 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 01/17/08-80070-014 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Dν TITLE WALTERS, JERRY G NAME STREET ADDRESS 25316 CELMAR ST BROOKSVILLE, FL 34601 CITY-ST-ZIP TITLE DPST WALTERS, PATTY NAME STREET ADDRESS 25316 CELMAR ST CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-7IP

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

(352)544-0223

**FILED** 

Daytime Phone #