

2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90413 021 ***150.00

50012856



04132006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000123568				04-17-2006 90413 021 ***150.00 50012856 	
1. Entity Name WALTER CHESLOCK CONSTRUCTION INC.					
Principal Place of Business		Mailing Address			
12734 KIRBY SMITH ROAD ORLANDO, FL 32832		12734 KIRBY SMITH ROAD ORLANDO, FL 32832			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 16-1687702				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHESLOCK, WALTER J 12734 KIRBY SMITH ROAD ORLANDO, FL 32832			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u><i>Walter J. Cheslock</i></u> ERROR DATE _____ <small>(Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete			
NAME	CHESLOCK, WALTER				
STREET ADDRESS	12734 KIRBY SMITH ROAD				
CITY - ST - ZIP	ORLANDO, FL 32832				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
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TITLE		<input type="checkbox"/> Delete			
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STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <u><i>Walter J. Cheslock</i></u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					