

2006 FOR PROFIT CORPORATION ANNUAL REPORT


4/7

FILED
Jun 06, 2006 8:00 am
Secretary of State

04-24-2006 90430 035 ***150.00

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DOCUMENT # P03000130666
 1. Entity Name
WALSH BROKERAGE, INC.



Principal Place of Business: 6730 MOCASSIN WALLOW RD. PALMETTO, FL 34221
 Mailing Address: P.O. BOX 439 PARRISH, FL 34219

DO NOT WRITE IN THIS SPACE



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number: 41-2115550 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROBINSON, WILLIAM C
~~P.O. BOX 439~~
~~BRADENTON, FL 34219~~
*6730 MOCASSIN WALLOW RD
 PALMETTO, FL 34221*

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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 resigning) 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

TITLE	P
NAME	ROBINSON, WILLIAM C
STREET ADDRESS	P.O. BOX 439
CITY-ST-ZIP	BRADENTON, FL 34219
TITLE	Parrish
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *W Walsh* 4-19-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #