

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134798

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: J. WALTP CO.

**Current Principal Place of Business:**

613 LEROY AVE  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

613 LEROY AVE  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

FEI Number: 42-1618559      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUGO, WILLIAM  
613 LEROY AVE  
LEHIGH ACRES, FL 33972      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: LUGO, WILLIAM  
Address: 613 LEROY AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S      ( ) Delete  
Name: LUGO, AMARILYS  
Address: 613 LEROY AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: LUGO, AMARILYS  
Address: 613 LEROY AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S      ( ) Change (X) Addition  
Name: LUGO, AMARILYS  
Address: 613 LEROY AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LUGO

DP

04/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date