2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000149081

1. Entity Name
WALTER'S INTERIOR TRIM, INC.

Principal Place of Business	Mailing Address
3752 GARCON STREET MILTON, FL 32583	3752 GARCON STREET MILTON, FL 32583

02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2677558
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, JAMES E
5426 SWANNER ROAD
MILTON, FL 32570-4088

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000427572
02/21/06-80008-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACK, MERRILL W JR.
STREET ADDRESS	3752 GARCON STREET
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VD
NAME	MACK, MERRILL W III
STREET ADDRESS	3765 SANDT POINT
CITY-ST-ZIP	MILTON, FL 32583
TITLE	S
NAME	BEYERS, TINA M
STREET ADDRESS	4408 ALANTHUS ST
CITY-ST-ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Merrill W Mack I 2-6-06 850-623-2747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #