

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000154696**

1. Entity Name  
**BILL WALSH REMODELING & CONTRACTING, INC.**



Principal Place of Business  
**28273 HELEN AVENUE  
LITTLE TORCH KEY, FL 33042 US**

Mailing Address  
**28273 HELEN AVE.  
LITTLE TORCH KEY, FL 33043**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**54-2139473**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALSH, WILLIAM E  
28273 HELEN AVENUE  
LITTLE TORCH KEY, FL 33042**

**DO NOT WRITE  
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 reinstalling)

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**

**U000000525642  
05/04/06-80041-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALSH, WILLIAM E  
28273 HELEN AVE  
LITTLE TORCH KEY, FL 33042**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WALSH, ARLEEN  
28273 HELEN AVE  
LITTLE TORCH KEY, FL 33042**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 507, 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:** *William Walsh ARLEEN WALSH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/06 305 872 5650**  
Date Daytime Phone #