2005 FOR PROFIT CORPORATION

Jan 21, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P03000158454** 01-21-2005 90045 028 ***150.00 1. Entity Name WALTER JR. MAINTENANCE, INC. Principal Place of Business Mailing Address 50004523 4053 SUCCESS ST 4053 SUCCESS ST W PALM BEACH, FL 33406 W PALM BEACH, FL 33406 2. Principal Place of Business 4401 Pive 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For West 20-0558264 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33406 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wa LTEX ISIDRO, WALTER Street Address (R.O. Box Number is Not Acceptable) 4053 SUCCESS ST W PALM BEACH, FL 33406 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete TITE M Channe ☐ Addition ISIDRO WALTER H. ISIDRO, WALTER NAME NAME 4053 SUCCESS ST STREET ADDRESS STREET ADDRESS W PALM BEACH, FL 33406 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #