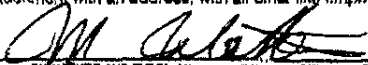


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000061732		
1. Entity Name WALTERS HOME REPAIR & FURNISHING INC.		
Principal Place of Business 734 BAHIA CIRCLE OCALA, FL 34472	Mailing Address 734 BAHIA CIRCLE OCALA, FL 34472	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WALTERS, MICIAH 734 BAHIA CIRCLE OCALA, FL 34472		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 terminating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, MICIAH 734 BAHIA CIRCLE OCALA, FL 34472	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, BASIL 2451 NW 182 TERRACE OPA LOCKA, FL 33086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 information.		
SIGNATURE: 		4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04242006 No Chg-P CR2E034 (11/05)

4. FLI Number 20-2757968	Applied For Not Applicable
8. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

UD00000535616
05/08/06-80061-004 158.75**DO NOT WRITE
IN THIS SPACE**