

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000067017

Entity Name
W. WALTERS ENTERPRISES, INC.



Principal Place of Business
**2805 S.W. ELIM CHURCH ROAD
FT WHITE, FL 32038**

Mailing Address
**2805 S.W. ELIM CHURCH ROAD
FT WHITE, FL 32038**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **20-1040605** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTERS, JACK M
2805 S.W. ELIM CHURCH ROAD
FT WHITE, FL 32038**

**DO NOT WRITE
IN THIS SPACE**

I, 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 re/instating)

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

01/30/06 80047-016 150.00

OFFICERS AND DIRECTORS

P
**WALTERS, JACK M
2805 S.W. ELIM CHURCH ROAD
FT WHITE, FL 32038**

VPST
**WALTERS, ALANNA K
2805 S.W. ELIM CHURCH ROAD
FT WHITE, FL 32038**

**ADDRESS
ST-ZIP**

**ADDRESS
ST-ZIP**

**ADDRESS
ST-ZIP**

**ADDRESS
ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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: Jack M. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06 352-317-0297
Date Daytime Phone #