


# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>PO4000072469</b>	
1. Entity Name <b>WALTHOUR EMPLOYMENT SOLUTIONS, INC</b>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # <b>505 GORDON CHAPEL RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>505 GORDON CHAPEL RD</b> Suite, Apt. #, etc.
--	--

CR2E034B (1/11)

City & State <b>HAWTHORNE FL</b>	City & State <b>HAWTHORNE FL</b>	4. FEI Number <b>20-1117710</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32640</b>	Country <b>US</b>	Zip <b>32640</b>	Country <b>US</b>
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <b>Gwendolyn Walthour</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>505 GORDON CHAPEL ROAD</b>	
City <b>HAWTHORNE</b>	FL Zip Code <b>32640</b>

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.26 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees	E-mail Address: E-mail address to be used for future annual report notices.
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST Gwendolyn Walthour 505 GORDON CHAPEL RD HAWTHORNE, FL 32640</b>
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100207157761  
05/04/11--01011--003 \*\*150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

**Gwendolyn Walthour**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-12-11 904-502-7295**  
DATE Daytime Phone #

502-7295