

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072755



1. Entity Name
WALTER J. ELLIOTT, INC.

FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business 1801 S. FLAGLER DRIVE #207 WEST PALM BEACH, FL 33401	Mailing Address 1801 S. FLAGLER DRIVE #207 WEST PALM BEACH, FL 33401
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07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-112330	Applied For Not Applicable
5. Certificate or Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ELLIOTT, WALTER J
1233 N OCEAN WAY
PALM BEACH, FL 33480

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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	PO ELLIOTT, WALTER J 1233 N OCEAN WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIOTT, BARBARA REYNOLDS 1233 N OCEAN WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDEN, GARRY 1801 S. FLAGLER DR., #207 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, BRIAN 1801 S. FLAGLER DRIVE, #207 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/28/08-80004-022-550.00

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 807, 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: *Walter J. Elliott Pres* Date: *7-25-08*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR