2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000095343

1. Entity Name
WALRATH-WHITE ARCHITECT, P.A.



FILED Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

275 LAWRENCE BLVD.

KEYSTONE HEIGHTS, FL 32656 1

P.O. BOX 77

KEYSTONE HEIGHTS, FL 32656



04042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1277321 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, PAUL D 260A LAWRENCE BLVD. SUITE 201 KEYSTONE HEIGHTS, FL 32656

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8. The above the obligation	e named entity submits this statement for the patients of registered agent.	purpose of changing its registere	d office or r	egistered agent, or both	h, in the State of Fiorida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	n applicable. (NOTE: Registered	I Agent signaturi	a required when reinstating)	DATE	
F(L After M	E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		<u>-</u>		
Title Name Street address City-St-Zip	P/D WHITE, R. MICHAEL 1255 S.E. 10TH AVENUE OCALA, FL 34471				U00000434466	=
Title Name Street address City-St-719					04/20/08-80043-025	150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CXTY-ST-EMP				· -		
TITLE NAME			·			-

12. I hereby certify that the information supplied with this filling 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 it 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 fifth an address, withyall piper like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TWEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

352-473-4942

Dayline Phone #