

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103016

1. Entity Name
WALTER CONRAD HOLDINGS, INC.



FILED

05 FEB -3 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1355543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONRAD, JAMES W
6800 MILLSTONE POINT RD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name
JAMES W. CONRAD
Street Address (P.O. Box Number is Not Acceptable)
2011 SW 20TH PLACE
STE. 102
City
OCALA FL Zip Code
34474

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: JAMES WALTER CONRAD, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONRAD, JAMES W	
STREET ADDRESS	2011 SW 20TH PLACE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONRAD, CASSANDRA D	
STREET ADDRESS	2011 SW 20TH PLACE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, CURTIS E	
STREET ADDRESS	2011 SW 20TH PLACE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DOUG	
STREET ADDRESS	2011 SW 20TH PLACE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CASSANDRA CONRAD *Cassandra Conrad* 1/28/05 (352) 369-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #