2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90013 004 ***150.00

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1. Entity Name
WALTER CONRAD HOLDINGS, INC.

Principal Place of Business	Mailing Address
2011 SW 20TH PLACE SUITE 102 OCALA, FL 34474	2011 SW 20TH PLACE SUITE 102 OCALA, FL 34474

40047920

01102008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2500 NW 10TH ST	2500 NW 10TH ST
Suite, Apt. #, etc. # 103	Suite, Apt. #, etc. # 103
City & State OCALA FL	City & State OCALA FL
Zip 34475 Country USA	Zip 34475 Country USA

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	7. Name and Address of New Registered Agent
CONRAD, JAMES W 2011 SW 20TH PLACE SUITE 102 OCALA, FL 34474	Name: CONRAD, JAMES W Street Address (P.O. Box Number is Not Acceptable): 2500 NW 10TH ST, # 103 City: OCALA FL Zip Code: 34475

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: _____ 1.17.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONRAD, JAMES W 2011 SW 20TH PLACE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONRAD, JAMES W. 2620 SW 20TH CIR OCALA, FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONRAD, CASSANDRA D 2011 SW 20TH PLACE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONRAD, CASSANDRA 2620 SW 20TH CIR OCALA, FL 34471	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WARD, CURTIS E 2011 SW 20TH PLACE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WARD, CURTIS E PO BOX 38341 TALLAHASSEE, FL 32315	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1.17.08 (352)369-6300
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #