2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033541

City-St-Zip:

AUBURNDALE, FL 33823

FILED Feb 10, 2009 Secretary of State

Entity Name: MICHAEL C. WALSH, INC. **Current Principal Place of Business: New Principal Place of Business:** 500 LAKE JULIANA DR AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 500 LAKE JULIANA DR AUBURNDALE, FL 33823 FEI Number: 20-3521813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORRECA, KIM K PORRECA, KIM K 4112 KINGSFIELD DRIVE 500 LAKE JULIANA DR AUBURNDALE, FL 33823 US PARRISH, FL 34219 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. SIGNATURE: 02/10/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WALSH, MICHAEL C Name: Name: 500 LAKE JULIANNA DRIVE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: Title: () Change () Addition () Delete Name: WALSH, VALERIE A Name: 500 LAKE JULIANNE DRIVE Address: Address: AUBURNDALE, FL 33823 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition S/T () Delete S/T PORRECA, KIM K Name: PORRECA, KIM K Name: 500 LAKE JULIANNA DRIVE 4112 KINGSFIELD DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PARRISH, FL 34219

SIGNATURE: MICHAEL C WALSH VP 02/10/2009