


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 039 ***150.00

DOCUMENT # P05000068226			
1. Entity Name WALTERS STRUCTURED CABLEING INC			
Principal Place of Business 5909 ROSS CREEK ROAD LAKELAND, FL 33810 US		Mailing Address 5909 ROSS CREEK ROAD LAKELAND, FL 33810 US	
2. Principal Place of Business 4715 1st St. N.W.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State	
Zip 33810	Country	Zip	Country
6. Name and Address of Current Registered Agent WALTER, CHASON R 5909 ROSS CREEK ROAD LAKELAND, FL 33810		7. Name and Address of New Registered Agent Name NEW ADDRESS Street Address (P.O. Box Number is Not Acceptable) 4715 1st St. N.W. City FL Zip Code	
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: <i>Chason Walter</i> Chason Walter 4.21.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WALTER, CHASON R 5909 ROSS CREEK ROAD LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4715 1st St. N.W.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Chason Walter</i> Chason Walter		Date	4.21.06 863-860-1647
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>



01302006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2802497 Applied For Not Applicable

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