

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142175

Entity Name: WALCOTT, INC.

FILED  
Apr 15, 2007  
Secretary of State

## Current Principal Place of Business:

773 4TH AVENUE NORTH  
SUITE E  
NAPLES, FL 34102 US

## Current Mailing Address:

PO BOX 390616  
KEAUHOU, HI 96739

## New Principal Place of Business:

1100 SE 5TH CT.  
#79  
POMPANO BEACH, FL 33060 US

## New Mailing Address:

PO BOX 610639  
POMPANO BEACH, FL 33061

FEI Number: 20-3655298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, DAVID  
773 4TH AVENUE NORTH,  
SUITE E  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

WALCOTT, JASON  
1100 SE 5TH CT.  
#79  
POMPANO BEACH, FL 33060 US

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: JASON WALCOTT

04/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: WALCOTT, REANNE  
Address: PO BOX 390616  
City-St-Zip: KEAUHOU, HI 96739 US

Title: D ( ) Delete  
Name: WALCOTT, REANNE  
Address: PO BOX 390616  
City-St-Zip: KEAUHOU, HI 96739 US

Title: D ( ) Delete  
Name: WALCOTT, JASON  
Address: PO BOX 390616  
City-St-Zip: KEAUHOU, HI 96739 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: WALCOTT, JASON  
Address: PO BOX 610639  
City-St-Zip: POMPANO BEACH, FL 33061 US

Title: D (X) Change ( ) Addition  
Name: WALCOTT, REANNE  
Address: PO BOX 610639  
City-St-Zip: POMPANO BEACH, FL 33061 US

Title: D (X) Change ( ) Addition  
Name: WALCOTT, JASON  
Address: PO BOX 610639  
City-St-Zip: POMPANO BEACH, FL 33061 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JASON WALCOTT

PRES

04/15/2007

Electronic Signature of Signing Officer or Director

Date