2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P07000100626 08-27-2008 90010 036 ***150.00 1. Entity Name KENDRA E WALTER PA Mailing Address Principal Place of Business 4901 27TH AVE SOUTH 4901 27TH AVE SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07232008 Chg-P City & State City & State Applied For 4. FEI Number <u>au-0</u>87402 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER, KENDRA E Street Address (P.O. Box Number is Not Acceptable) 4901 27TH AVE SOUTH GULFPORT, FL 33707 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 agoni SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution \Box Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE PD ☐ Delete TITLE ☐ Change Addition WALTER KENDRA F NAME NAME 4901 27TH AVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIF GULFPORT, FL 33707 CITY-ST-ZIP Delete Addition TITT F TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Charter 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. アタイ 543-38 SIGNATURE: GNATURE AND TYPED OR ME OF SIGNING O

FILED

Aug 27, 2008 8:00 am