2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# P08000072780

Entity Name: WALTERS CUSTOM CONSTRUCTION, INC.

Current Principal Place of Business:

5492 BARNSTEAD CIRCLE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5492 BARNSTEAD CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

21 CROWS NEST AVE
BEAUFORT, SC 29907 US

FEI Number: 26-3117290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERS, FRANK
5492 BARNSTEAD CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

WALTERS, FRANK & AUDRA
5492 BARNSTEAD CIRCLE
LAKE WORTH, FL 33463 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: FRANK AND AUDRA WALTERS 10/15/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVSD ( ) Delete
Name: WALTERS, FRANK
Address: 5492 BARNSTEAD CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: TD ( ) Delete
Name: WALTERS, AUDRA
Address: 5492 BARNSTEAD CIRCLE
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WALTERS, AUDRA
Address: 21 CROWS NEST AVE
City-St-Zip: BEAUFORT, SC 29907 US

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.

SIGNATURE: AUDRA WALTERS OWNE 10/15/2009
Electronic Signature of Signing Officer or Director Date