

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000079746

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: D.W. WALTERS ENTERPRISES, INC.

## Current Principal Place of Business:

1130 LEE BLVD  
STE A  
LEHIGH ACRES, FL 33936 US

## Current Mailing Address:

1130 LEE BLVD  
STE A  
LEHIGH ACRES, FL 33936 US

## New Principal Place of Business:

1130 LEE BLVD  
STE A  
LEHIGH ACRES, FL 33972 US

## New Mailing Address:

FEI Number: 59-3206184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WALTERS, DARREL W SR  
804 LOUIS AVE.  
LEHIGH ACRES, FL 33972 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALTERS, DARREL W SR.  
Address: 804 LOUIS AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VPS ( ) Delete  
Name: WALTERS, KATHY L  
Address: 804 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: GM ( ) Delete  
Name: WALTERS, DARREL W  
Address: 802 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: M ( ) Delete  
Name: WALTERS, MATTHEW  
Address: 802 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: GM (X) Change ( ) Addition  
Name: WALTERS, DARREL W II  
Address: 802 LOUIS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

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

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: KATHY L. WALTERS

VP

04/07/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date