## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000024249

Entity Name: WALTER HOLDING COMPANY, INC.

FILED Apr 27, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9335 W. TENNESSEE ST. TALLAHASSEE, FL 32304 US **Current Mailing Address: New Mailing Address:** 679 BLACKSHEAR RAD THOMASVILLE, GA 31792 US FEI Number: 59-3132621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WADSWORTH, JAMES B 1040 E PARK AVE TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: WALTER, EBE Name: 659C BLACKSHEEP DR. Address: Address: City-St-Zip: THOMASVILLE, FL 31792 City-St-Zip: Title: Title: () Delete () Change () Addition Name: POMEROY, PHILIP JR. Name: 1418 SILVER PINE LANE Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition LADSON, WILLIAM F III Name: Name: 904 GORDON AVE. Address: Address: City-St-Zip: THOMASVILLE, FL 31742 City-St-Zip: Title: () Delete Title: () Change () Addition WALTER, ROBERT A Name: Name: Address: 4938 ST. CROIX DR. Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: Title: () Delete () Change () Addition WADSWORTH, JAMES B Name: Name: 1040 E. PARK AVE. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, ROGER C Name: Name: 573 TIMBERLANE RD Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312

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: JAMES B WADSWORTH DIR 04/27/2006