

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P95000058386

1. Entity Name
WALTERS FRAMING INC.



Principal Place of Business
**448 SW 13TH ST
POMPAÑO BEACH, FL 33060**

Mailing Address
**448 SW 13TH ST
POMPAÑO BEACH, FL 33060**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0616761

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NYSTRAND, DOROTHY C
1441 NE 31ST COURT
POMPAÑO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000832492

04/16/08-80044-002-150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WALTERS, CARL D
448 SW 13TH ST
POMPAÑO BEACH, FL 33060**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
WALTERS, HEATHER
448 SW 18TH STREET
POMPAÑO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
NYSTRAND, DOROTHY C
1441 NE 31ST CT
POMPAÑO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Chapter 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carl D. Walters

7-31-08

954-946-5092