## **2007 FOR PROFIT CORPORATION**

## Apr 30, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P95000065744 1. Entity Name WOLTER REALTY, INC. Principal Place of Business Mailing Address 16680 MCGREGOR BLVD. 16680 MCGREGOR BLVD. FORT MYERS, FL 33908 FORT MYERS, FL 33908 CR2E034 (11/05) 04092007 No Chg-P · DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0608372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOLTER, GARY R DO NOT WRITE 16680 MCGREGOR BLVD. FORT MYERS, FL 33908 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE WOLTER, GARY R NAME 16680 MCGREGOR BLVD. U00000741195 05/15/07-80016-020 150.00 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 TITLE WOLTER, KATHLEEN M 16680 MCGREGOR BLVD. STREET ADDRESS CITY - ST - ZIP FORT MYERS, FL 33908 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 proof 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**