

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90018 025 ***150.00

DOCUMENT # P96000009382

1. Entity Name
WALTERS PAINTING, INC.



Principal Place of Business
**8813 SPRING-HAVEN BLVD
NEW PORT RICHEY, FL 34652**

Mailing Address
**8823 MANOS CIRCLE
NEW PORT RICHEY, FL 34655**

34019576



2. Principal Place of Business

3. Mailing Address

1406 TIARA LA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TARPON SPRINGS

City & State

City & State

FL

Zip

Country

34689

Country

PINELLAS

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3362361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, WILLIAM L
8823 MANOS CIRCLE
NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name

JAMES H. JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

1406 TIARA Lane

City

Tarpon Springs

FL

Zip Code

34689

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

JAMES H. JOHNSON III

JAMES H. JOHNSON III

1/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **WALTERS, WILLIAM L**
STREET ADDRESS **8823 MANOS CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE **D** ☒ Delete
NAME **WALTERS, BARBARA J**
STREET ADDRESS **8823 MANOS CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JAMES H JOHNSON III** ☒ Change ☐ Addition
NAME **1406 TIARA Lane**
STREET ADDRESS **Tarpon Springs, FL**
CITY-ST-ZIP **34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JAMES H. JOHNSON III

1/29/04

Date

Daytime Phone #

(727) 938-5704

JAMES H. JOHNSON III