FILED
May 17, 2005 8:00 am
Secretary of State

04-14-2005 90090 048 ****50.00
05-17-2005 90016 021 ***100.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000031298

1. Entity Name
WALSH ENTERPRISES, INC.

400844

Principal Place of Business	Mailing Address
11202 ST. JOHNS INDUSTRIAL PARK NORTH 1 JACKSONVILLE, FL 32246	11202 ST. JOHNS INDUSTRIAL PARK NORTH 1 JACKSONVILLE, FL 32246

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3740 St. John's Bluff Rd	3740 St. John's Bluff Rd
Suite, Apt. #, etc. #16	Suite, Apt. #, etc. #16
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224 Country USA	Zip 32224 Country USA

4. FEI Number 59-3379960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALSHAW, LARRY E
11202 ST. JOHNS INDUSTRIAL PARK NORTH
1
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ____________________
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALSHAW, LARRY E 11202 ST. JOHNS INDUSTRIAL PARK NORTH JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Walshaw, Larry E. 3740 St. John's Bluff Rd #16 Jacksonville, FL 32224	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/11/05 904 975-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #