

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069385

FILED
May 11, 2004
Secretary of State

Entity Name: THE WALTER FEDY GROUP, INC.

Current Principal Place of Business:

101 WEST MAIN STREET
SUITE 221
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

101 WEST MAIN STREET
SUITE 221
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 59-3475596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUFT, DAVID PE
101 WEST MAIN STREET
SUITE 221
LAKELAND, FL 33815

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUFT, DAVID
Address: 101 WEST MAIN STREET
City-St-Zip: LAKELAND, FL 33815

Title: VP () Delete
Name: MARSHMAN, MICHAEL
Address: 546 BELMONT AVE W
City-St-Zip: KITCHENER, ONT N2M 1N5,

Title: VP () Delete
Name: COPE, ROBERT
Address: 101 WEST MAIN STREET
City-St-Zip: LAKELAND, FL 33815

Title: S () Delete
Name: LUFT, DAVID
Address: 101 WEST MAIN STREET
City-St-Zip: LAKELAND, FL 33815

Title: T () Delete
Name: LUFT, DAVID
Address: 101 WEST MAIN STREET
City-St-Zip: LAKELAND, FL 33815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID LUFT

P

05/11/2004

Electronic Signature of Signing Officer or Director

_____ Date