

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90021 016 \*\*\*158.75

**DOCUMENT # P97000069385**

1. Entity Name  
**THE WALTER FEDY GROUP, INC.**



Principal Place of Business  
**101 WEST MAIN STREET  
SUITE 221  
LAKELAND, FL 33815**

Mailing Address  
**101 WEST MAIN STREET  
SUITE 221  
LAKELAND, FL 33815**

**50015429**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3475596**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**ROBERT C COPE**

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.

**ROBERT C. COPE PRESIDENT.**

**2/2/05**

(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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LUFT, DAVID	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARSHMAN, MICHAEL	
STREET ADDRESS	546 BELMONT AVE W	
CITY-ST-ZIP	KITCHENER, ONT N2M 1N5	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COPE, ROBERT	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LUFT, DAVID	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LUFT, DAVID	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BUCK	
STREET ADDRESS	546 BELMONT AVE W.	
CITY-ST-ZIP	KITCHENER ONT N2M 1N5	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**ROBERT C COPE**

**FEB 2/05**

**363-682-8498**

Date

Daytime Phone #