2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000025730

1. Entity Name
M & J WALSH INC.

Principal Place of Business	Mailing Address
87851 OLD HIGHWAY ISLAMORADA, FL 33036	P.O. BOX 98 ISLAMORADA, FL 33036

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0906391		Not Applicable

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

6. Name and Address of Current Registered Agent

OVERFIELD, RICHARD L
137 SAN MARCO DR
ISLAMORADA, FL 33036

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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

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10.   **OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WALSH, MICHAEL
STREET ADDRESS	87851 OLD HIGHWAY
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	VD
NAME	WALSH, JANIS
STREET ADDRESS	87851 OLD HIGHWAY
CITY-ST-ZIP	ISLAMORADA, FL 33036

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/05-80012-011 150.00

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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: _____ J.T. WALSH   1-10-05   305-852-4558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #