


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005248**

1. Entity Name  
 117 CORP.



Principal Place of Business  
 4141 N. HENDERSON ROAD, #8  
 ARLINGTON, VA 22203

Mailing Address  
 4141 N. HENDERSON ROAD, #8  
 ARLINGTON, VA 22203



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-1913529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ARTHUR L III  
 13985 75TH AVE  
 N SEMINOLE, FL 34646

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCS WALTERS, ARTHUR L 4141 N. HENDERSON ROAD, #8 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, MARK W 4141 N. HENDERSON ROAD, #8 ARLINGTON, VA 22203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEARSON, MAX H 7400 MIDLOTHIAN ROAD RICHMOND, VA 23225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000002269  
 01/13/04-80004-022 150.00

**DO NOT WRITE IN THIS SPACE**

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 Arthur L. Walters Arthur L. Walters, Pres. 1/6/2004 703-527-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #