

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453015

Entity Name: DAVID WALLER, INC.**Current Principal Place of Business:**3550 S RIDGEWOOD AVE
PORT ORANGE, FL 32129**Current Mailing Address:**3550 S RIDGEWOOD AVE
PORT ORANGE, FL 32129 US**FEI Number:** 59-1525245**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALLER, DAVID
3550 S RIDGEWOOD AVE
PORT ORANGE, FL 32129 US*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**Officer/Director Detail :**

| | |
|-----------------|----------------------|
| Title | PD |
| Name | WALLER, DAVID |
| Address | 3550 S RIDGEWOOD AVE |
| City-State-Zip: | PORT ORANGE FL 32129 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | WALLER, CHERYL |
| Address | 3550 S RIDGEWOOD AVE |
| City-State-Zip: | PORT ORANGE FL 32129 |

| | |
|-----------------|----------------------|
| Title | TREASURER |
| Name | DAVIS, DAVID |
| Address | 3550 S RIDGEWOOD AVE |
| City-State-Zip: | PORT ORANGE FL 32129 |

I hereby 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 all other like empowered.

SIGNATURE: CHERYL WALLER

VP

03/07/2021

Electronic Signature of Signing Officer/Director Detail_____
Date