

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90365 001 \*\*\*361.25

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<b>DOCUMENT # 205426</b> 1. Entity Name <b>WALL STREET HOLDING CORPORATION</b>					
Principal Place of Business <b>150 EAST CENTRAL AVE. ORLANDO, FL 32801</b>			Mailing Address <b>150 EAST CENTRAL AVE. ORLANDO, FL 32801</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0491072</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JONES, GINA 150 E. CENTRAL BLVD. ORLANDO, FL 32801</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WESTSON, GAVIN</b> <b>1101 POINTSETTE AVE.</b> <b>ORLANDO, FL 32804</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>#5 James Spalley</b> <b>1261 Wellington Terrace</b> <b>Maitland FL 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VAUSHN, GH.</b> <b>711 ALBAC DR.</b> <b>ORLANDO, FL 32804</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Chuck Newman</b> <b>2079 Jue Harbor Dr</b> <b>Orlando FL 32803</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PHILLIPS, BRIAN A</b> <b>111 N. ORANGE AVE SUITE 1030</b> <b>ORLANDO, FL 32801</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BROWN, STEPHEN</b> <b>111 N. ORANGE AVE, SUITE 1005</b> <b>ORLANDO, FL 32801</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another I am empowered.					
SIGNATURE: <div style="float: right; text-align: right;"> <b>04/21/05</b>          Date       </div>					