

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # 236855

1. Entity Name
ORWALL INDUSTRIES, INC.



Principal Place of Business

**891 WEST 49TH STREET
HIALEAH, FL 33012**

Mailing Address

**891 WEST 49TH STREET
HIALEAH, FL 33012**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. Fil Number
59-0905902

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COY, CAROL J.
13920 LEANING PINE DRIVE
MIAMI LAKES, FL 33014**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
COY, CAROL J.
13920 LEANING PINE DRIVE
MIAMI LAKES, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
COY, ORIN
13920 LEANING PINE DR
MIAMI LAKES, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
WAKIW, JENNIFER
1101 SW 103RD AVE
PEMBROKE PINES, FL**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000242923

02/25/05-80018-021 150.00

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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: *Carol J. Coy* **Carol J. Coy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05 **(305) 821-3609**
Date Daytime Phone #