

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 499854

1. Entity Name
WALLDESS ENTERPRISES, INC.



Principal Place of Business
**BISHOPS INN
902 PINETREE DRIVE
INDIAN HARBOUR BEACH, FL 32937 US**

Mailing Address
**1410 EEL STREET
MERRITT ISLAND, FL 32952**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1661259

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DESSART, EUGENE L. JR.
1410 EEL STREET
MERRITT ISLAND, FL 32952**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

UN000000392316

04/23/08-80061-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DESSART, EUGENE L. JR.
STREET ADDRESS	1410 EEL ST.
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	DESSART, JOYCE A.
STREET ADDRESS	1410 EEL STREET
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Eugene L. Dessart, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Date

(321) 773-0744

Daytime Phone #

EUGENE L. DESSART, JR.