


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 853575 1. Entity Name WALSH MESSENGER SERVICE, INC.	
---	---

Principal Place of Business 4 3RD ST. GARDEN CITY PARK, NY 11040	Mailing Address 4 3RD ST. GARDEN CITY PARK, NY 11040
--	--

DO NOT WRITE IN THIS SPACE



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-1991161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BONGIORNO, RICHARD 6861 S.W. 16TH ST. PLANTATION, FL 33317

**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 restatesting) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALSH, RICHARD F., JR. 118 SOMERSET AVE. GARDEN CITY, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALSH, THOMAS 26 ST. PAUL'S PLACE GARDEN CITY, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD BRANTUK, PATRICIA 131 NASSAU BLVD GARDEN CITY, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000167002
07/19/04-80007-007 150.00

**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)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7/12/04 516-746-4341
Date Daytime Phone #