

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 002 ***150.00

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**

70004047



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number

11-1991161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONGIORNO, RICHARD
6861 S.W. 16TH ST.
PLANTATION, FL 33317**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WALSH, RICHARD F., JR.**
STREET ADDRESS **118 SOMERSET AVE.**
CITY-ST-ZIP **GARDEN CITY, NY**

TITLE **Walsh, Richard F. Jr.** ☐ Change ☐ Addition
NAME **PO Box 1028**
STREET ADDRESS **49 Dinah Rock Road**
CITY-ST-ZIP **Shelter Island, NY 11964** ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **WALSH, THOMAS**
STREET ADDRESS **26 ST. PAUL'S PLACE**
CITY-ST-ZIP **GARDEN CITY, NY**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SVD** ☐ Delete
NAME **BRANTUK, PATRICIA**
STREET ADDRESS **131 NASSAU BLVD**
CITY-ST-ZIP **GARDEN CITY, NY**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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 all other title empowered.

SIGNATURE:

Thomas Walsh

Thomas Walsh

1/15/05
Date

516-746-4348
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR