


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90001 001 ***150.00

DOCUMENT # F03000004688	
1. Entity Name WALL TECHNOLOGY SYSTEMS, INC.	

Principal Place of Business 404 NORTH SUNSET BLVD. GULF BREEZE, FL 32561	Mailing Address 404 NORTH SUNSET BLVD. GULF BREEZE, FL 32561
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683574	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 HERRON, WARREN L JR. 1720 NORTH "E" STREET PENSACOLA, FL 32501	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ROBINSON, JERRY 587 HIGH MEADOW DRIVE BLACKSBURG, VA 20460 <i>Shane Player 1298 Greenvue Lane Gulf Breeze, FL 32561</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRON, WARREN L III 1720 NORTH "E" STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRON, M L 1720 NORTH "E" STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRON, WARREN L JR. 1720 NORTH "E" STREET PENSACOLA, FL 32501
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 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: *Maryl L. Herron* **Secretary** *Maryl L. Herron* **03-26-04** **850-832-5964**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #