

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90083 039 ***150.00

DOCUMENT # F04000001153

1. Entity Name
NU WALLS, INC.



Principal Place of Business
7308 GANO ROAD
GROVELAND, FL 34736

Mailing Address
7308 GANO ROAD
GROVELAND, FL 34736



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
37-1067029

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANKS, STEVE
8907 COURTYARD LANE
GROVELAND, FL 34736

**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

Steve Hanks

STIEVE HANKS ; VICE PRESIDENT

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	RUPPEL, JAMES G
STREET ADDRESS	7308 GANO ROAD
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	V
NAME	HANKS, STEVE
STREET ADDRESS	8907 COURTYARD LANE
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	VSTD
NAME	RUPPEL, KAYE
STREET ADDRESS	7308 GANO RD
CITY-ST-ZIP	GROVELAND, FL 34736
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

Date

352-552-5455

Daytime Phone #