


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # G10133 1. Entity Name WALL INNOVATORS, INC.	
---	---

Principal Place of Business 5415 W. CRENSHAW UNIT 11 TAMPA, FL 33634	Mailing Address 5415 W. CRENSHAW UNIT 11 TAMPA, FL 33634
---	---

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2233452	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BLAZIER, RONALD L 8120 HOLLYRIDGE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DEVARS, KERRY P. 2111 BOOT LAKE CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEVARS, KENNETH P. 6520 SEFAIRER DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COYLE, JOHN T. JR. 3977 CORDOVA AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000101806
04/02/04 80028-015 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Blazier, President

Date

5/31/04

Daytime Phone #

(813) 884-6003