

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12975

FILED  
Jan 20, 2004  
Secretary of State

Entity Name: WALL SYSTEMS, INC. OF SOUTHWEST FLORIDA

**Current Principal Place of Business:**

4395 CORPORATE SQUARE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

4395 CORPORATE SQUARE  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-2679657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, KIMBERLY LEACH  
4501 TAMIAMI TRAIL NORTH  
SUITE 204  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUDD, RUSSELL A  
Address: 5981 14TH AVE NW  
City-St-Zip: NAPLES, FL 34119

Title: TSD ( ) Delete  
Name: FORD, GREGORY C  
Address: 2004 IMPERIAL GOLF COURSE BV  
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete  
Name: HAAS, CRAIG L  
Address: 345 SWEET BAY LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BUDD, RUSSELL A  
Address: 5981 SHADY OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL A BUDD

PD

01/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date