

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12975

FILED
Feb 09, 2009
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 (X)

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LN
SUITE 300
NAPLES, FL 34109 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 SHADY OAKS LANE
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: BROUSSEAU, GERRY L
Address: 935 16TH AVE NE
City-St-Zip: NAPLES, FL 34120

Title: VD () Delete
Name: ZINO, BART P
Address: 113 HERITAGE WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated 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 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: GREG FORD

_____ Electronic Signature of Signing Officer or Director

TSD

02/09/2009

_____ Date