

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2004 8:00 am
Secretary of State

07-08-2004 90092 044 ***550.00
08-03-2004 90104 033 *****8.75

DOCUMENT # K33809

1. Entity Name
B & D WALL STREET CORPORATION



Principal Place of Business
**2486 S. FEDERAL HWY.
STUART, FL 34994**

Mailing Address
**2486 S. FEDERAL HWY.
STUART, FL 34994**

54066553



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0076217

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

**SOBEL, DOUGLAS
4491 S.W. BRANCH TERRACE
PALM CITY, FL 34990**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPT
SOBEL, DOUGLAS
4491 S.W. BRANCH TERRACE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VS
SOBEL, JEANETTE M.
2235 SE FOREST HILL LANE
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/04

Attachment

54066553

DINETTES
& more

K33809

2486 S. Federal Hwy.
Regency Square Center
Stuart, FL 34994
(561) 288-0330
Fax (561) 288-6231

Divisions of Corporations
Annual Report/Uniform Business Report Section
P.O. Box 6327
Tallahassee, Florida 32314

Letter No. 20400045681

Dear Ms. Mitchell,

Please note that form has been completed when received. There are no changes and we apologize if there was any inconvenience.

I would appreciate it if the 400.00 late fee is waived.

Thank you for your cooperation.

Very truly yours,



Douglas Sobel

Enclosed please find a check for 8.75 for a certificate of status.