

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 APR 27 PM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22570

1. Entity Name
VERSA-WAL INC.



Principal Place of Business
**5166 WOODLANE CIRCLE
TALLAHASSEE, FL 32303 US**

Mailing Address
**5166 WOODLANE CIRCLE
TALLAHASSEE, FL 32303 US**

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2971502

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYETT, ARTHUR O JR.
RT. 3, BOX 3917
HAVANA, FL 32333**

**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, 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 PD
NAME BOYETT, ARTHUR O JR.
STREET ADDRESS RT 4 BOX 165
CITY-ST-ZIP HAVANA, FL

TITLE D
NAME BOYETT, PATRICIA S.
STREET ADDRESS RT 4 BOX 165
CITY-ST-ZIP HAVANA, FL

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

400073982964
05/04/06--01015--012 **150.00

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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

ARTHUR Boyett Jr.

4/26/06

Date

850-562-2240

Daytime Phone #

4/26/06