


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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
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2. Principal Place of Business - No P.O. Box # 3630 Peddie Drive Suite, Apt. #, etc. Suite 100 City & State Tallahassee, FL Zip 32303 Country USA	3. Mailing Address 3630 Peddie Drive Suite, Apt. #, etc. Suite 100 City & State Tallahassee, FL Zip 32303 Country USA
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FILED
2008 APR 30 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2971502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYETT, ARTHUR O JR. RT. 3, BOX 3917 HAVANA, FL 32333	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYETT, ARTHUR O JR. RT 4 BOX 165 HAVANA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYETT, PATRICIA S. RT 4 BOX 165 HAVANA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Arthur Boyett Jr 4/29/08 850-562-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #