


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

07-21-2004 90027 017 ***150.00
 09-08-2004 90116 031 ***150.00

DOCUMENT # L46945
 1. Entity Name
WILLIAM WALLSHEIN, P.A.



Principal Place of Business
**2328-10TH AVE N
 SUITE 204
 LAKE WORTH, FL 33461 US**

Mailing Address
**2328-10TH AVE N
 SUITE 204
 LAKE WORTH, FL 33461 US**

54071891



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08252004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-0168157

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WALLSHEIN, WILLIAM
 2328-10TH AVE. N.
 204
 LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	WALLSHEIN, WILLIAM	
STREET ADDRESS	2328-10TH AVE. N., STE 204	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William Wallshein 9/1/04 561-533-1221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54071891
L46945

8/18/04

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Re: 2004 For Profit Corp. Annual Report

Dear Sir or Madam:

I never received notice of the annual report renewal. The only item received was a post card of notice of intent to dissolve.

I did not receive a postcard prior to May 1, 2004 and I am requesting that the late fees be waived.

Thank you for your consideration.

Sincerely yours,
William Wallshem

L46945

FBI # 65-0168157

Bill Wallshem
2328-10th Ave N, Ste 204
Lake Worth, FL 33461