


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2004 90033 003 ***158.75

DOCUMENT # P00000081096	
1. Entity Name THOMAS WALLING, INC.	

Principal Place of Business 2706 PLANET AVE SE PALM BAY, FL 32909-9226	Mailing Address 2706 PLANET AVE SE PALM BAY, FL 32909-9226
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02222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 4600 Woodlake Dr. N.E. Apt 203 Palm Bay, FL	3. Mailing Address P.O. Box 33821 Suite, Apt. #, etc.
City & State Palm Bay, FL	City & State Indianapolis, IN
Zip 32905	Zip 32903-0821
Country Brevard	Country Brevard

4. FEI Number 59-3667054	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 WALLING, THOMAS W 2706 PLANET AVE SE PALM BAY, FL 32909	7. Name and Address of New Registered Agent Name Thomas W. Walling Street Address (P.O. Box Number is Not Acceptable) 4600 Woodlake Dr. N.E. #203 City Palm Bay FL Zip Code 32905
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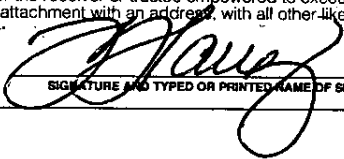
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PS WALLING, THOMAS W 2706 PLANET AVE SE PALM BAY, FL 329099226 <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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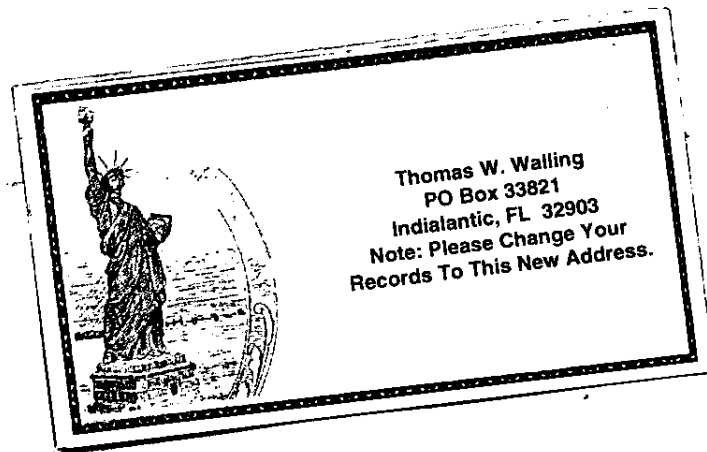
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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: 	3-5-04 (321) 729-4201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Attachment
P00000081096

54015398

00 129



Thomas W. Walling
PO Box 33821
Indianapolis, FL 32903
Note: Please Change Your
Records To This New Address.