

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0000104720

1. Entity Name  
WALLY'S WATERFRONT, INC.



Principal Place of Business  
3442 MARINATOWN LANE  
NORTH FT MYERS, FL 33903

Mailing Address  
549 SUNRISE AVENUE  
NORTH FORT MYERS, FL 33917  
*3442 Marinatown Lane  
North Fort Myers, FL 33903*

FILED  
05 JUL -5 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-1068046

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

7. Name and Address of New Registered Agent

WINKELSAS, TIFFANY  
549 SUNRISE AVENUE  
NORTH FORT MYERS, FL 33917

Name  
*Winkelsas Tiffany*  
Street Address (P.O. Box Number is Not Acceptable)  
*1601 Jackson Street*  
City  
*Fort Myers* FL Zip Code  
*33901*

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 \_\_\_\_\_

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D & President	<input type="checkbox"/> Delete
NAME	PIERROT, WALTER	
STREET ADDRESS	3442 MARINATOWN LANE	
CITY - ST - ZIP	NORTH FT MYERS, FL 33903	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HOLGER, BUERKLO	
STREET ADDRESS	549 SUNRISE AVENUE	
CITY - ST - ZIP	NORTH FORT MYERS, FL 33917	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900057476229	
CITY - ST - ZIP	07/14/05--01057--006 **\$61.25	
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: *W. Pierrot* President to EFO 239/410-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #