

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90127 009 ***150.00

DOCUMENT # P01000044394

1. Entity Name
SOLID WALL SYSTEMS, INC.



Principal Place of Business
**6767 N. WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940**

Mailing Address
**6767 N. WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940**

34004044



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3714312

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUESCHER, KEITH
6767 N. WICKHAM ROAD, SUITE 500
MELBOURNE, FL 32940**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BUESCHER, SCOTT	
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUESCHER, HOWARD	
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUESCHER, KEITH	
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GIRARD, SUSAN	
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWAIN, LINDA	
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALONE, KIRK	
STREET ADDRESS	6767 N. WICKHAM ROAD, SUITE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04

321.259.6972

Attachment

Page 2
Solid Wall Systems, Inc.

*PO/000044394*

Continuation of #12

Addition:

T
Kush, Robert M.
837 Oak Park Drive
Melbourne, FL 32940

S
Yelland, Ronald J
5320 Chiswick Circle
Orlando, FL

V
Joanne Ringrose
900 Cox Road
Cocoa, FL 32926

V
Macik, Jeffrey J.
900 Cox Road
Cocoa, FL 32926