

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000074771 1. Entity Name WALNUT STATION, INC.	
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Principal Place of Business 215 BEACH 147 STREET NEPONSIT, NY 11694	Mailing Address 215 BEACH 147 STREET NEPONSIT, NY 11694
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128273	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBERTUS, ARTHUR W 2929 E. COMMERCIAL BOULEVARD SUITE 604 FORT LAUDERDALE, FL 33308
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROTHSTEIN, J P 101 WOOSTER STREET #3F NEW YORK, NY 10012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CINCOTTA, DOROTHY 215 BEACH 147 STREET NEPONSIT, NY 11694
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01/20/04-80023-018 150.00

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IN THIS SPACE**

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: Dorothy Perry - Cincotta 1/13/04 718-318-2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOROTHY PERRY - CINCOTTA Date Daytime Phone #