


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000068185 1. Entity Name WALLER'S WALL TO WALL, INC.	
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Principal Place of Business 3648 RIDGEWOOD AVE PORT ORNGE, FL 32129	Mailing Address 3648 RIDGEWOOD AVE PORT ORNGE, FL 32129
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0737536	Applied For 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

DAVIS, DAVID 5868 WOODPOINT TER. PORT ORANGE, FL 32128
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, DAVID 5868 WOOD POINT TER PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLER, DAVID 1002 MORI CT. PORT ORANGE, FL 32127
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08/23/04-80007-011 150.00

**DO NOT WRITE
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: <u>David Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>DAVID DAVIS</u>	<u>8/2/04</u> <small>Date</small>	<u>1386-760-6002</u> <small>Daytime Phone #</small>
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