

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117641

Entity Name: WALLOCH FINANCIAL, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

126 WILSHIRE BLVD
SUITE 187
CASSELBERRY, FL 32707 US

Current Mailing Address:

126 WILSHIRE BLVD
SUITE 187
CASSELBERRY, FL 32707 US

New Principal Place of Business:

126 WILSHIRE BLVD
SUITE 179
CASSELBERRY, FL 32707 US

New Mailing Address:

126 WILSHIRE BLVD
SUITE 179
CASSELBERRY, FL 32707 US

FEI Number: 03-0490792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLOCH, DARREN J
126 WILSHIRE BLVD
SUITE 187
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

WALLOCH, DARREN J
126 WILSHIRE BLVD
SUITE 179
CASSELBERRY, FL 32707 US

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.

SIGNATURE: DARREN WALLOCH

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLOCH, DARREN J
Address: 126 WILSHIRE BLVD, STE 187
City-St-Zip: CASSELBERRY, FL 32707 US

Title: TREA () Delete
Name: WALLOCH, DARREN J
Address: 126 WILSHIRE BLVD, STE 187
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP () Delete
Name: WALLOCH, PAMELA K
Address: 126 WILSHIRE BLVD, STE 187
City-St-Zip: CASSELBERRY, FL 32707 FL

Title: SEC () Delete
Name: WALLOCH, PAMELA K
Address: 126 WILSHIRE BLVD, STE 187
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN WALLOCH

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date