

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000032337

1. Entity Name
THE WALNUT STREET SHOP, INC.



FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90025 016 ***150.00

Principal Place of Business
805 WALNUT STREET
GREEN COVE SPRINGS, FL 32043

Mailing Address
12649 DUNRAVEN TRAIL
JACKSONVILLE, FL 32223

2. Principal Place of Business
805 Walnut St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Green Cove Springs

City & State
FL

Zip
32043

Country

Zip

Country

01222004 Chg-P CR2E034 (10/03)

4. FEI Number
13-4243335

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, CANDYCE M
2219 PARK STREET
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. the obligations of registered agent.

n the State of Florida. I am familiar with, and accept

SIGNATURE

(instating)

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 P ☐ Delete
NAME BAJALIA, AMY K
STREET ADDRESS 2358 BRIDGETTE WAY
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ST ☐ Delete
NAME BAJALIA, JOAN M
STREET ADDRESS 12649 DUNRAVEN TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. changed, or on an attachment with an address, with all other like empowered.

I, Florida Statutes. I further certify that the information
if made under oath; that I am an officer or director
d that my name appears in Block 10 or Block 11 if

SIGNATURE: Amy K. Bajalia AMY K. BAJALIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

2/20/02
Date

Daytime Phone #