

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107144

Entity Name: W. FALLS & ASSOCIATES, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

1621 VISTA COVE RD  
ST AUGUSTINE, FL 32084

## New Principal Place of Business:

## Current Mailing Address:

1621 VISTA COVE RD  
ST AUGUSTINE, FL 32084

## New Mailing Address:

FEI Number: 20-0378586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLOTT, ARNOLD H  
SLOTT & BAKER  
334 EAST DUVAL STREET  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FALLS, WILLIAM R  
Address: 1621 VISTA COVE RD  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: FALLS, DONNA M  
Address: 11402 BURNSIDE PL  
City-St-Zip: SPOTSYLVANIA, VA 22553

Title: VP ( ) Delete  
Name: FALLS, RACHEL K  
Address: 11402 BURNSIDE PL  
City-St-Zip: SPOTSYLVANIA, VA 22553

Title: AO ( ) Delete  
Name: RONAN, JULIE F  
Address: 964 OAK ARBOR CIRCLE  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete  
Name: WALLACE, DIANA M  
Address: 2415 BUCKINGHAM  
City-St-Zip: HENRICO, VA 23228

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM R. FALLS

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date