## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 07, 2004 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State			
DOCUMENT # P03000125012					I	04-07-2004 90002 039 ***158.75			
	WALL FINISHER INC								
Principal Place	e of Business	Mailing Address	1		_		U		
2401 PLACE KISSIMMEE, I	TAS CT	2401 PLACETAS CT KISSIMMEE, FL 34741							
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2. Principal Place of Business		3. Mailing Address							-
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292004	Chg-P	CR2E034 (10	/03)	
City & State		City & State		4, FEI Number	51079		Applied Fo		
Zip Country		Zip	Count	ry	5. Certificate of	•		5 Additional equired	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	Idress of New R	egistered Agent		
OPELLANA JOSE M				Name		•			
ORELLANA, JOSE M 2401 PLACETAS CT KISSIMMEE, FL 34741			!	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip	Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing	g its registere	d office or regi	stered agent, or both,	in the State of Flo	orida. I am familiai	with, and ac	cept
CIONATURE	-	-							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	1 Agent signature rec	uired when reinstating)		DATE		-
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	ay 1, 2004 Fee will be \$550.	00 Trust Fund (	Contribution.		Added to Fees				!
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	IANGES TO OFF	ICERS AND DIREC	CTORS IN 11	
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NAME STREET ADDRESS	ORELLANA, JOSE M 2401 PLACETAS CT		NAME STRE	ET ADDRESS					
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

TOSE TO VELLAN OF THE PRINTED FRANCE OF SIGNING OFFICER OR DIRECTOR

03/30/04

348-3465

Daytime Phone #