-2907 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

1. Entity Name WAL-CON SYSTEMS PLASTERING & STUCCO, INC.	
Principal Place of Business Malling Address	•
820 E LINCOLN AVE 820 E LINCOLN AVE MELBOURNE, FL 32901 MELBOURNE, FL 32901	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7 No Chg-P CR2E034 (11/05)

4. FEI Number	 Applied For
86-1088274	Not Applicable
E. Corrificate of Status Degrad	\$8.75 Additional

Certificate of Status Desired

\$8.75 Additional Fee Required

CONNEY, WALTER SR. 500 NE DELMONICO ST PALM BAY, FL 32907

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 Signature, typoed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000584863 01/12/07-80055-015 158.75	
10	. OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D CONNEY WALTER SR. 500 NE DELMONICO ST. PALM BAY, FL 32907	. 60 CON 1801			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-51-ZIP			DC	NOT WRITE	
TITEL NAVAI STREET ADDRESS CITY-S1-ZIP			IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-51-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.					

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR