

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000025732

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** WALLRADON TESTING, INC.

**Current Principal Place of Business:**

195 5TH STREET  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

195 5TH STREET  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

**FEI Number:** 59-3784101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALL, DOUGLAS  
195 5TH STREET  
BONITA SPRINGS, FL 34134 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: WALL, JANET K  
Address: 195 5TH STREET  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVD  
Name: WALL, DOUGLAS  
Address: 195 5TH STREET  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: COSGROVE, JOHN W  
Address: 188 1ST STREET  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS WALL

SVD

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date