

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90214 029 ***150.00

DOCUMENT # P04000090121

1. Entity Name
WALSH & WAX, INC.



Principal Place of Business
**887 GREENLEAF CIR
VERO BEACH, FL 32960 US**

Mailing Address
**887 GREENLEAF CIR
VERO BEACH, FL 32960 US**

2. Principal Place of Business - No P.O. Box #
**120 35th Sq. SW
Suite, Apt. #, etc.
Vero Beach, FL
City & State**

3. Mailing Address
**120 35th Sq. SW
Suite, Apt. #, etc.
Vero Beach, FL
City & State**

04162008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1273960 Applied For
Not Applicable

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

Zip
32968 Country
USA

Zip
32968 Country
USA

6. Name and Address of Current Registered Agent

**WALSH, SEAN
887 GREENLEAF CIR
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name **Sean Walsh**
Street Address (P.O. Box Number is Not Acceptable)
**120 35th Sq. SW
City Vero Beach FL Zip Code 32968**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, SEAN 887 GREENLEAF CIR VERO BEACH, FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALSH, LAURA 887 GREENLEAF CIR VERO BEACH, FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALSH, LAURA 887 GREENLEAF CIR VERO BEACH, FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sean Walsh 120 35th Sq. SW Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Laura Walsh 120 35th Sq. SW Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Laura Walsh 120 35th Sq. SW Vero Beach, FL 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Laura Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 (772) 480-4629
DATE Daytime Phone #