


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State


03-16-2007 90029 045 ***150.00

DOCUMENT # P05000017053	
1. Entity Name TCB WALLS INC.	

Principal Place of Business 400 STAN DRIVE UNIT 2 MELBOURNE FL 32904	Mailing Address 400 STAN DRIVE UNIT 2 MELBOURNE FL 32904
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2. Principal Place of Business - No P.O. Box # 6921 VICKIE CIRCLE	3. Mailing Address 6921 VICKIE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST MELBOURNE, FL	City & State WEST MELBOURNE, FL
Zip 32904	Country USA

	
1st MOORE CR2E034 (10/06)	
4. FEI Number 81-0662364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALL, TIMOTHY C 125 SHERIDAN AVE SATELLITE BEACH FL 32937	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <u>T. Ball</u> PRESIDENT	DATE 3-6-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P BALL, TIMOTHY C 125 SHERIDAN AVE SATELLITE BEACH FL 32937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 Section 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.	
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SIGNATURE: <u>T. Ball</u> TIM BALL	DATE 3-6-07	DAYTIME PHONE # 321-728-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		