

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-26-2006 90176 012 ***150.00

FILED P05000108408

06 MAY 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000108408

1. Entity Name

TALKING WALLS 2, INC.



Principal Place of Business

2725 SW 91ST STREET
#130
GAINESVILLE FL 32607

Mailing Address

~~4813 SW 95TH TERRACE~~
~~GAINESVILLE FL 32608~~

2. Principal Place of Business

3. Mailing Address

2725 SW 91st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#130

City & State

City & State

Gainesville, FL 32607

Zip

Country

Zip

Country

FBI Number

20-3251284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASQUEZ, FABIO J
387 SEAVIEW DRIVE
DUCK KEY FL 33050

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	VASQUEZ, WILLIAM	
STREET ADDRESS	4813 SW 95TH TERRACE	
CITY- ST- ZIP	GAINESVILLE FL 32608	
TITLE	V	<input type="checkbox"/> Delete
NAME	VASQUEZ, FABIO J	
STREET ADDRESS	387 SEAVIEW DRIVE	
CITY- ST- ZIP	DUCK KEY FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME	GARRETT, DAMON P	
STREET ADDRESS	REITZ UNION, SUITE C2, UF	
CITY- ST- ZIP	GAINESVILLE FL 32611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06

352-745-2198

Date

Daytime Phone #