2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-07-2007 90050 016 ***150.00

DOCUMENT # P06000014123

1. Entity Name
FIFTH WALL, INC.

Principal Place of Business
6215 FLORIDA AVE
NEW PORT RICHEY FL 34653

Mailing Address
6215 FLORIDA AVE
NEW PORT RICHEY FL 34653

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
909 W. RAMBLA ST
Suite, Apt. #, etc.
TAMPA FL 33612
City & State
Zip
Country

3. Mailing Address
PO BOX 280152
Suite, Apt. #, etc.
TAMPA FL 33682
City & State
Zip
Country HILLSBOROUGH

4. FEI Number 20 4335278 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
DIAZ, DEBORA A ESQ
5946 MAIN STREET
NEW PORT RICHEY FL 34652

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 Edward Reville V. PRESIDENT 1/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS ☐ Delete
NAME	BAYNARD, ROBERT S
STREET ADDRESS	6215 FLORIDA AVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	DVT ☐ Delete
NAME	REVILLE, EDWARD
STREET ADDRESS	PO BOX 2494
CITY-ST-ZIP	TARPON SPRINGS FL 34688
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: Edward Reville 1/22/07 813-210-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #