

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000046453

1. Entity Name
T.D. WALSH, INC.



Principal Place of Business
7 TWIN RIVER DRIVE
ORMOND BEACH, FL 32174

Mailing Address
7 TWIN RIVER DRIVE
ORMOND BEACH, FL 32174

FILED
Jan 10, 2005 08:00 AM
Secretary of State

PD DATE 1/10/05
CK# 5224



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3248699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALSH, TERRANCE
7 TWIN RIVER DRIVE
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME WALSH, TERRANCE
STREET ADDRESS 7 TWIN RIVER DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ST
NAME WALSH, NORA
STREET ADDRESS 7 TWIN RIVER DRIVE
CITY-ST-ZIP ORMOND BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000177191
01/11/05-80026-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 687, 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

Date

Daytime Phone #

1-6-05 386-673-4801