

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000066534**



1. Entity Name  
**CAROL WALLS ENTERPRISES, INC.**

Principal Place of Business  
**1314 EAST STREET  
GREEN COVE SPRINGS FL 32043**

Mailing Address  
**5000-18 HIGHWAY 17  
PMB 309  
ORANGE PARK FL 32003**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3531887**

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

**WALLS, CAROL A  
1314 EAST STREET  
GREEN COVE SPRINGS FL 32043**

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 registering)

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 **\$5.00** May Be Added to Fees  
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **WALLS, CAROL A**  
STREET ADDRESS **1314 EAST STREET**  
CITY-STATE-ZIP **GREEN COVE SPRINGS FL 32043**

☐ Change ☐ Addition  
NAME **U00000648728**  
STREET ADDRESS **03/07/07-80020-024**  
CITY-STATE-ZIP **150.00**

TITLE **PVST** ☐ Delete  
NAME **WALLS, CAROL A**  
STREET ADDRESS **1314 EAST STREET**  
CITY-STATE-ZIP **GREEN COVE SPRINGS FL 32043**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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: *Carol A. Walls* **CAROL A. WALLS**

**02/21/07 (904) 608 1269**