


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90015 034 ***150.00

DOCUMENT # P99000052868 1. Entity Name WALL REALTY, INC.			
Principal Place of Business 104 HABEN BLVD. PALMETTO FL 34221		Mailing Address 104 HABEN BLVD. PALMETTO FL 34221	
2. Principal Place of Business 101 Riverfront Blvd.		3. Mailing Address 101 Riverfront Blvd.	
Suite, Apt. #, etc. 610		Suite, Apt. #, etc. 610	
City & State Bradenton - FL.		City & State Bradenton - FL.	
Zip 34205		Zip 34205	
Country U.S.A		Country U.S.A	
6. Name and Address of Current Registered Agent GALVANO, WILLIAM S 1023 MANATEE AVENUE WEST BRADENTON FL 34205		7. Name and Address of New Registered Agent Name SAME 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 5109 NW 93 Doral Way WALL, SIDNEY R Doral - FL 33178 10250 COLLINS AVENUE, APT. 205 BAL HARBOUR FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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MOORE CR2E034 (11/03)

4. FEI Number **65-0925653** Applied For ☐ Not Applicable ☐

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

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 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: **Debra Wall** 2/19/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #