

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000084514

**Entity Name:** AL WALLS, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

172 BOX TREE CT  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 24668  
JACKSONVILLE, FL 32241

**New Mailing Address:**

**FEI Number:** 59-3610844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEVIN S GREEN INC  
3617 CROWN POINT ROAD  
SUITE #2  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WALLS, ALBERT S  
Address: POST OFFICE BOX 24668 N/A  
City-St-Zip: JACKSONVILLE, FL 322414668

Title: VD  
Name: WALLS, ROBERT P  
Address: POST OFFICE BOX 24668 N/A  
City-St-Zip: JACKSONVILLE, FL 322414668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT WALLS

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date