

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19240

FILED
Jan 15, 2004
Secretary of State

Entity Name: WALLY OF TALLAHASSEE, INC.

Current Principal Place of Business:

1661 N. MONROE UNIT 1
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

1102 E LAFAYETTE ST.
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3051744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINE, MARK S.
245 EAST VIRGINIA ST.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLENFELSZ, MICHAEL,
Address: 6020 OX BOTTOM MANOR DR
City-St-Zip: TALLAHASSEE, FL

Title: P () Delete
Name: WALLENFELSZ, GREG,
Address: 2482 PALE TIGER CT.
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: WALLENFELSZ, EDNA
Address: 429 SUMMERBROOKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Change (X) Addition
Name: WALLENFELSZ, DAVID E
Address: 429 SUMMERBROOKE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL WALLENFELZ

P

01/15/2004

Electronic Signature of Signing Officer or Director

Date