

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19240

Entity Name: WALLY OF TALLAHASSEE, INC.

FILED
Mar 25, 2009
Secretary of State

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 ()

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 WALLENFELSZ

P

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date