


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 046 ***150.00

DOCUMENT # S27273 1. Entity Name PICTURE WALL, INC.	
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Principal Place of Business 12836 US HWY #1 134 CAPE POINTE CIR JUNO BEACH, FL 33408 US	Mailing Address 12836 US HWY #1 134 CAPE POINTE CIR JUNO BEACH, FL 33408 US
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54037155



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0244778	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOOD, BARRY 134 CAPE POINTE CIRCLE SUITE 204 JUPITER, FL 33477
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, BARRY 134 CAPE POINT CIR JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, SUE 134 CAPE POINTE CIRCLE 134 CAPE POINT CIR JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Barry Wood President 4/15/04 361-775-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #