2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V59272

1. Entity Name
WALL ST. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
100 RIALTO PL., STE 527 MELBOURNE, FL 32901	100 RIALTO PL., STE 527 MELBOURNE, FL 32901

24005406

DO NOT WRITE IN THIS SPACE

01202004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3147116		Not Applicable

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

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6. Name and Address of Current Registered Agent

FREDRICKS, LOIS A
100 RIALTO PL #527
MELBOURNE, FL 32901

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

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

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	NICKLEY, JAMES JR.
STREET ADDRESS	569 HUMMINGBIRD DR
CITY-ST-ZIP	INDIALANTIC, FL 32903

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _James Nickley_   James Nickley, President   1/26/04   321-951-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #