

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J12975

**Entity Name:** WALL SYSTEMS, INC. OF SOUTHWEST FLORIDA

**Current Principal Place of Business:**

4395 CORPORATE SQUARE  
NAPLES, FL 34104

**Current Mailing Address:**

4395 CORPORATE SQUARE  
NAPLES, FL 34104 US

**FEI Number:** 59-2679657

**Certificate of Status Desired:** No

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

MULLER, MARK P.A.  
5150 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title PD  
Name BUDD, RUSSELL A  
Address 5981 SHADY OAKS LANE  
City-State-Zip: NAPLES FL 34119

Title TSD  
Name ORTEGON, KIMBERLY A  
Address 4395 CORPORATE SQUARE  
City-State-Zip: NAPLES FL 34104

Title VD  
Name ZINO, BART P  
Address 113 HERITAGE WAY  
City-State-Zip: NAPLES FL 34110

*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:** KIMBERLY ORTEGON

CFO

01/17/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date