


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000005872	
1. Entity Name KEN WALL RESOURCES, INC.	

Principal Place of Business 24039 PERDIDO BEACH BLVD ORANGE BEACH, AL 36561	Mailing Address P.O. BOX 2020 ORANGE BEACH, AL 36561
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARRETT, DONNA R 16289 N SHORE DR PENSACOLA, FL 32507	
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01262004 No Chg-P CR2E034 (10/03)	
4. FEI Number 63-1236160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
1. Name CP WALL, KENNETH D 24039 PERDIDO BEACH BLVD ORANGE BEACH, FL 36561	<p style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 0.8em;">100000036327 02/06/04-80076-019 150.00</p>
2. Name V MALBIS, GINA M P.O. BOX 2020 ORANGE BEACH, AL 36561	
3. Name S STITT, KATHLEEN 10680 KENNETH LEE LANE ELBERTA, AL 36530	
4. Name	
5. Name	
6. Name	

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: <u>Gina M. Malbis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/29/04</u> <small>Date</small>	<u>251-974-2131</u> <small>Daytime Phone #</small>
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