


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M81003</b> 1. Entity Name RUSTY WALLACE, INC.			
Principal Place of Business 149 KNOB HILL RD MOORESVILLE, NC 28117 US		Mailing Address 149 KNOB HILL RD MOORESVILLE, NC 28117 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 58-1786090	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 re-filing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE RUSSELL W. 149 KNOBHILL RD MOORESVILLE, NC 28117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP PAYSOR, RICHARD A. 149 KNOBHILL RD MOORESVILLE, NC 28117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAYSOR, RICHARD A. 149 KNOBHILL RD MOORESVILLE, NC 28117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>Richard A. Paysor</u> <u>RICHARD PAYSOR</u> <u>1-28-05</u> <u>7047992700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>			