


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 8:00 am**  
**Secretary of State**

01-06-2005 90002 050 \*\*\*150.00

**DOCUMENT # P0000005411**

1. Entity Name  
**WALLACE FINE ART, INC.**



Principal Place of Business      Mailing Address

5350 GULF OF MEXICO DR      5350 GULF OF MEXICO DR  
 103      103  
 LONGBOAT KEY, FL 34228      LONGBOAT KEY, FL 34228

**50000202**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01042005    Chg-P    CR2E034 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

65-0973076      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THEIS, JOHN R**  
**2651 MAPLELOFT LANE**  
**SARASOTA, FL 34232**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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: \_\_\_\_\_

9. Election Campaign Financing       \$5.00 May Be Added to Fees

Trust Fund Contribution     

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALLACE, PETER D</b>	
STREET ADDRESS	<b>5360 GULF OF MEXICO DR, SUITE 108</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY, FL 34228</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wallace, Peter D</b>	
STREET ADDRESS	<b>5350 Gulf of Mexico Dr. # 103</b>	
CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_      **1/4/2005**      **941-3870746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #