2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State
02-25-2004 90062 029 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P01000090618

1. Entity Name
WALLACE & SONS CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
62 CHAPMAN ST APALACHICOLA FL	62 CHAPMAN ST APALACHICOLA FL

2. Principal Place of Business		3. Mailing Address	
40735 SW Rashill RD		40735 SW Rashill RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bristol FL		City & State: Bristol FL	
Zip: 32321	Country: USA	Zip: 32321	Country: USA

4. FEI Number 59-3753112 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLACE, JOHN R 62 CHAPMAN ST APALACHICOLA FL	Name [illegible] Street Address (P.O. Box Number is Not Acceptable) [illegible] City [illegible] FL Zip Code [illegible]

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 John R Wallace [signature] president 1-30-04
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☑ Addition
NAME	WALLACE, JOHN R		NAME	Donna M Wallace	
STREET ADDRESS	62 CHAPMAN ST		STREET ADDRESS	40735 SW Rashill Rd	
CITY-ST-ZIP	APALACHICOLA FL		CITY-ST-ZIP	Bristol FL 32321	
TITLE		☐ Delete	TITLE	TREASURE	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: John R Wallace [signature] president 1-30-04 850-670-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #