

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 154877

FILED
Jan 18, 2005
Secretary of State

Entity Name: FLORIDA WALLACE, INC.

Current Principal Place of Business:

111 2ND AVENUE NE
SUITE 701
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

111 2ND AVENUE NE
SUITE 701
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-0623866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLACE, THOMAS R
343 BRIGHT WATERS BLVD NE
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WALLACE, WILLIAM P
Address: 1333 MONTICELLO BLVD. N.
City-St-Zip: ST PETERSBURG, FL

Title: DAS () Delete
Name: WALLACE, MARTHA R
Address: 288 BEACH DRIVE NE 10-B
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: DPT () Delete
Name: WALLACE, THOMAS R
Address: 343 BRIGHTWATERS BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: DAS () Delete
Name: WALLACE, SUSAN
Address: 343 BRIGHTWATERS BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP () Delete
Name: WALLACE, PETER
Address: 416 BRIGHTWATERS BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PETER WALLACE

VP

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date