


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

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| DOCUMENT # G52847 1. Entity Name SAMUEL L. WALLACE, INC. |  |
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| Principal Place of Business 3420 N. COURTENAY PKWY #118 MERRITT ISLAND, FL 32953 US | Mailing Address BOX 540941 MERRITT ISLAND, FL 32954 US |
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02072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2856683 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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5. Name and Address of Current Registered Agent

LUCAS, RONALD J
429 WATTS WAY
COCOA BEACH, FL 32931

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WALLACE, S L BOX 540941 N/A MERRITT ISLAND, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WALLACE, ANDREW R BBOX 540941 MERRITT ISLAND, FL 32954 |
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04/04/05-80072-008 150.00

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IN THIS SPACE**

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: S L Wallace S L WALLACE 05/18/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #