


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # H93406 1. Entity Name THE WALLOW CORP., INC.	
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Principal Place of Business 7203 N. FLORIDA AVE. TAMPA, FL 33604	Mailing Address 7203 N. FLORIDA AVE. TAMPA, FL 33604
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03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1346391	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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6. Name and Address of Current Registered Agent POTTS, DAVID C. 7203 N FLORIDA AVENUE TAMPA, FL 33604
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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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POTTS, DAVID C. 7203 N. FLORIDA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POTTS, JOE A. 7203 N. FLORIDA AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80009-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David Potts* 3/12/07 813 239-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #