

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # H93406**  
 1. Entity Name  
 THE WALLOW CORP., INC.



Principal Place of Business: 7203 N. FLORIDA AVE. TAMPA, FL 33604  
 Mailing Address: 7203 N. FLORIDA AVE. TAMPA, FL 33604

**DO NOT WRITE IN THIS SPACE**



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-1346391 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 POTTS, DAVID C.  
 7203 N FLORIDA AVENUE  
 TAMPA, FL 33604

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	POTTS, DAVID C.
STREET ADDRESS	7203 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	SD
NAME	POTTS, JOE A.
STREET ADDRESS	7203 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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 David Potts 4/9/08 813 239-1161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #