


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # K02606
1. Entity Name
ROBERT WALLACE, P.A.



| | |
|---|---|
| Principal Place of Business 311 SOUTH BREVARD AVENUE TAMPA, FL 33606 US | Mailing Address 311 SOUTH BREVARD AVENUE TAMPA, FL 33606 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number 59-2853363 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**WALLACE, ROBERT
311 SOUTH BREVARD AVENUE
TAMPA, FL 33606**

**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)

U000000949238
05/03/08 80021 012 158.80

**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 NAME STREET ADDRESS CITY - ST - ZIP | PD WALLACE, ROBERT 311 SOUTH BREVARD AVENUE TAMPA, FL 33606 |
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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: Robert Wallace **Robert Wallace, Pres.** 4/30/08 813/254-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #