


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K53965</b> 1. Entity Name J. WALLACE AND ASSOCIATES, INC.	
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Principal Place of Business 4800 N ORANGE BLOSSOM TRL ORLANDO, FL 32810 US	Mailing Address PO BOX 941242 MAITLAND, FL 32794-1242 US
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2923545	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HENDERSON, J WALLACE 4800 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, J. WALLACE 4800 N ORANGE BLOSSOM TRAIL ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, JEANNE H 4800 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32810
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U000000785188 01/16/08-80085-015 158.75
<b>DO NOT WRITE IN THIS SPACE</b>

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 trust administrator 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, title or other like empowered.

<b>SIGNATURE:</b> 	1/08/08	407.291.9292
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>