

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000006941

1. Entity Name
WALLACE ENERGY RESOURCES, LLC



Principal Place of Business
**5571 HALIFAX AVENUE
FORT MYERS, FL 33912**

Mailing Address
**5571 HALIFAX AVENUE
FORT MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0593005

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOLAND, JOHN A
1715 MONROE ST
FORT MYERS, FL 33902**

**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 _____

Signature, typed or printed name of registered agent and (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000502861
04/26/06-80007-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	V
NAME	HAPRER, DANIEL L
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	MCNEW, QUINTON B
STREET ADDRESS	5571 HALIFAX AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	INGE, RONALD E
STREET ADDRESS	5571 HALIFAX AVENUE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Ronald E. Inge Sec/Treas 3/31/06 239-454-4999