


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90181 001 *****8.75
02-27-2004 90181 002 *****61.25

DOCUMENT # N02000003349	
1. Entity Name WALTER H. WALLACE INC.	

Principal Place of Business 4251 SW 13TH ST 14-A GAINESVILLE, FL 32608 US	Mailing Address P.O. BOX 140322 GAINESVILLE, FL 32614
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66403678



2. Principal Place of Business 6405 NW 29th Street	3. Mailing Address Po Box 140322
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02222004 Chg-NP CR2E037 (10/03)

City & State Gainesville, FL	City & State Gainesville, FL
Zip 32653	Zip 32614
Country USA	Country Alachua

4. FEI Number 02-0597545	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALTER, WALLACE H JR. 1023 SE 2TH STREET GAINESVILLE, FL 32641	
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7. Name and Address of New Registered Agent Name Walter Wallace H JR. Street Address (P.O. Box Number is Not Acceptable) 6405 NW 29th Street City Gainesville FL Zip Code 32653	
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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 Walter Wallace, Jr. DATE 02-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, WALTER 4251 SW 13TH ST 14-A GAINESVILLE, FL 32608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, BOBBY 4251 SW 13TH ST 14-A GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. EDWARDS, TANYA 4251 SW 13TH ST 14-A GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES EZRA, WALLACE L 1023 SE 20TH STREET GAINESVILLE, FL 32641 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walter Wallace 6405 NW 29th St Gainesville, FL 32653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dawn Walker 6405 NW 29th St Gainesville, FL 32653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Cheryl Boston 6114 SW 69th Blvd Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Walter Wallace	DATE: 02/23/04 DAYTIME PHONE: 352.376.8967
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	