


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90043 041 ***150.00


DOCUMENT # P00000109068	
1. Entity Name WALLACE MARKETING GROUP, INC.	

Principal Place of Business 23513 ALMOND AVE PORT CHARLOTTE FL 33954	Mailing Address 23513 ALMOND AVE PORT CHARLOTTE FL 33954
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2. Principal Place of Business 23513 Almond Ave.	3. Mailing Address 23513 Almond Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33954	Country US
Zip 33954	Country

6510000



MOORE CR2E034 (11/03)

4. FEI Number 65-1049933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, JOHN B 23513 ALMOND AVE PORT CHARLOTTE FL 33954	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *John B Wallace* DATE **4-12-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, JOHN B		NAME	
STREET ADDRESS 23513 ALMOND AVE		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL 33954		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, DONNA F		NAME	
STREET ADDRESS 23513 ALMOND AVE		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE FL 33954		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Donna F. Wallace* **4-12-04** **(941) 235-0483**

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