

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01785

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: WALLACE PUMP AND SUPPLY COMPANY, INC.

**Current Principal Place of Business:**

PO BOX 157  
BRUNDIDGE, AL 36010

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 157  
BRUNDIDGE, AL 36010

**New Mailing Address:**

FEI Number: 63-0339606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, THOMAS C  
900 NORTH 15TH STREET  
MEXICO BEACH, FL 32410      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WALLACE, REYNOLDS E., JR  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL

Title: VD ( ) Delete  
Name: WALLACE, THOMAS C.,  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL

Title: VD ( ) Delete  
Name: WALLACE, REYNOLDS E., III  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL

Title: TD ( ) Delete  
Name: WALLACE, SHIRLEY S.,  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL

Title: SD ( ) Delete  
Name: WALLACE, JEAN C.,  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN C. WALLACE

Electronic Signature of Signing Officer or Director

SD

04/06/2006

\_\_\_\_\_ Date