

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01785

FILED
Mar 06, 2007
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:

9729 HIGHWAY 231 NORTH
BRUNDIDGE, AL 36010

Current Mailing Address:

PO BOX 157
BRUNDIDGE, AL 36010

New Mailing Address:

P. O. BOX 157
BRUNDIDGE, AL 36010

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

SD

03/06/2007

Electronic Signature of Signing Officer or Director

_____ Date