

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01785

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** WALLACE PUMP AND SUPPLY COMPANY, INC.

**Current Principal Place of Business:**

9729 HIGHWAY 231 NORTH  
BRUNDIDGE, AL 36010

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. 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  
Name: WALLACE, REYNOLDS E., JR  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL 36010 US

Title: VD  
Name: WALLACE, THOMAS C.  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL 36010 US

Title: VD  
Name: WALLACE, REYNOLDS E. III  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL 36010 US

Title: TD  
Name: WALLACE, SHIRLEY S.  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL 36010 US

Title: SD  
Name: WALLACE, JEAN C.  
Address: HIGHWAY 231 NORTH  
City-St-Zip: BRUNDIDGE, AL 36010 US

I hereby 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 all other like empowered.

SIGNATURE: JEAN C. WALLACE

SD

04/20/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date