

**2005 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED

**Jul 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000007317

**1. Entity Name
WALLACE PRODUCTIONS, INC.**



**Principal Place of Business
129 SUGAR COVE RD.
SANTA ROSA BEACH, FL 32459**

**Mailing Address
129 SUGAR COVE RD.
SANTA ROSA BEACH, FL 32459**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3600097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, JOEL S
129 SUGAR COVE RD.
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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 Joel Shannon Wallace (D)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/30/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE D
NAME WALLACE, JOEL S
STREET ADDRESS 129 SUGAR COVE RD.
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE
NAME
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CITY-ST-ZIP

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07/07/05-80005-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05

Date

850-267-1255

Daytime Phone #