


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000050326</b>		
1. Entity Name <b>WALLACE FAMILY HOLDING COMPANY</b>		
Principal Place of Business <b>4733 CLARK ROAD SARASOTA, FL 34233</b>	Mailing Address <b>4733 CLARK ROAD SARASOTA, FL 34233</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WALLACE, BERNICE 4733 CLARK ROAD SARASOTA, FL 34233</b>		
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: <i>Bernice Wallace</i> (NOTE: Registered Agent signature required when reinstating) 1-25-2006 DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, MYRLE A 4733 CLARK ROAD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, BERNICE 4733 CLARK ROAD SARASOTA, FL 34233	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Bernice Wallace</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-25-2006 941924-706 Date Daytime Phone



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-2404277**

Applied For  
Not Applicable

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

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IN THIS SPACE**

000000405802  
02/07/06-80056-001 150.00

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IN THIS SPACE**