

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000050326

1. Entity Name
WALLACE FAMILY HOLDING COMPANY



Principal Place of Business
**4733 CLARK ROAD
SARASOTA, FL 34233**

Mailing Address
**4733 CLARK ROAD
SARASOTA, FL 34233**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2404277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALLACE, BERNICE
4733 CLARK ROAD
SARASOTA, FL 34233**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000826723
02/21/08-80061-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALLACE, MYRLE A
STREET ADDRESS	4733 CLARK ROAD
CITY-ST-ZIP	SARASOTA, FL 34233

TITLE	D
NAME	WALLACE, BERNICE
STREET ADDRESS	4733 CLARK ROAD
CITY-ST-ZIP	SARASOTA, FL 34233

TITLE	
NAME	
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CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Bernice Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2008

Date

941-924-7064

Daytime Phone #