## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000100848**

1. Entity Name

TERRY WALLACE BUILDERS INCORPORATED



FILED Mar 16, 2005 08:00 AM Secretary of State

Principal Place of Business

7605 FORESTER ROAD NAVARRE, FL 32566 Mailing Address

7605 FORESTER ROAD NAVARRE, FL 32566



## DO NOT WRITE IN THIS SPACE

02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0933712 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, TERRY W 7605 FORESTER ROAD NAVARRE, FL 32566

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require				equired when reinstating)	DATÉ
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, TERRY W 7605 FORESTER ROAD NAVARRE, FL 32566				U00000265602 -03/16/05-80066-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, JULIE A 7605 FORESTER ROAD NAVARRE, FL 32566		·		-03/16/05-80066-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		:	IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					<del></del>

12. Thereby 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: \_

CITY-ST-ZIP

JWW allace

TERROY W WALLACE

3-13-05

850-959-2685