

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000100848**

1. Entity Name

TERRY WALLACE BUILDERS INCORPORATED



Principal Place of Business

7605 FORESTER ROAD  
NAVARRE, FL 32566

Mailing Address

7605 FORESTER ROAD  
NAVARRE, FL 32566



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0933712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, TERRY W 7605 FORESTER ROAD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, JULIE A 7605 FORESTER ROAD NAVARRE, FL 32566
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03/27/08-80039-025 150.00

**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:**

*TW Wallace*  
TW Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

850-939-2685

Daytime Phone #