
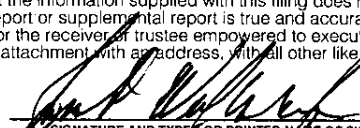


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90092 039 ***150.00

DOCUMENT # P03000110930 1. Entity Name DAVE WALLACE, INC.					
Principal Place of Business 3840 TOM LANE DRIVE PENSACOLA, FL 32504				Mailing Address 3840 TOM LANE DRIVE PENSACOLA, FL 32504	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALLACE, JAMES D JR 3840 TOM LANE DRIVE PENSACOLA, FL 32504				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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CITY-ST-ZIP	Delete <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			4/15/04 850-484-9403		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		