

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 040 ***150.00

DOCUMENT # P03000146288

1. Entity Name
WALLACE CONCRETE FINISHING, INC.



Principal Place of Business
**2825 NORTHWEST 6TH STREET
POMPANO BEACH, FL 33069**

Mailing Address
**2825 NORTHWEST 6TH STREET
POMPANO BEACH, FL 33069**

20050006



04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0459867

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALLACE, HARRY
2825 NORTHWEST 6TH STREET
POMPANO BEACH, FL 33069**

**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 **HARRY WALLACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-2005

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HARRY, WALLACE**
STREET ADDRESS **2825 NORTHWEST 6TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **VP**
NAME **HARRY, WALLACE**
STREET ADDRESS **2825 NORTHWEST 6TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **S**
NAME **HARRY, WALLACE**
STREET ADDRESS **2825 NORTHWEST 6TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **T**
NAME **HARRY, WALLACE**
STREET ADDRESS **2825 NORTHWEST 6TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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 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: **HARRY WALLACE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2005

Date

1-954-328-3740

Daytime Phone #