

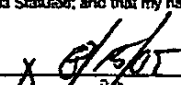
8/17/2005 90001-045-\$150.00-\$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 OCT 10 PM 12:02

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30001000

DOCUMENT # P04000053121			
1. Entity Name C.L. WALLACE, INC.			
Principal Place of Business 1826 MONTGOMERY PL JACKSONVILLE, FL 32205		Mailing Address 1826 MONTGOMERY PL JACKSONVILLE, FL 32205	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03122005		Chg-P GR2E034 (10/03)	
4. FEI Number 33-1095814		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent WALTERS, WALLACE B 1826 MONTGOMERY PL JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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:  DATE: 8/15/05 (NOTE: Registered Agent signature required when name change)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALTERS, WALLACE B 1826 MONTGOMERY PL JACKSONVILLE, FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300060208273 10/04/05--01010--013 **400.00 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 an office, or empowered.			
SIGNATURE: X  		X 8/15/05 (904) 389-5456 Signature of Secretary	

Wallace B Walters, Director