


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P04000151433 1. Entity Name ELAINE WALLACE P.A. |  |
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FILED
Jul 09, 2008 08:00 AM
Secretary of State

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|--|--|
| Principal Place of Business 240 NORTH FOREST DUNE DRIVE ST AUGUSTINE, FL 32080 | Mailing Address 240 NORTH FOREST DUNE DRIVE ST AUGUSTINE, FL 32080 |
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07052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 20-1840562 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WALLACE, ELAINE R PA
240 NORTH FOREST DUNE DRIVE
ST AUGUSTINE, FL 32080

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

U000000953790
07/09/08-80005-022 150.00

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| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES WALLACE, ELAINE 240 NORTH FOREST DUNE DRIVE ST AUGUSTINE, FL 32080 |
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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: Elaine Wallace July 5, 2008 904-460 9518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #