

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153709

Entity Name: 121 WALLACE, INC.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

121 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 635  
NEW SMYRNA BEACH, FL 321700635 US

**New Mailing Address:**

FEI Number: 20-8051405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEAVER, R. ALAN  
2217 SWOOPE DRIVE  
NEW SMYRNA BEACH, FL 32168 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WEAVER, R. ALAN  
Address: 2217 SWOOPE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: TD ( ) Delete  
Name: WEAVER, DAVID G  
Address: 950 CORBIN PARK ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: SD ( ) Delete  
Name: WEAVER, ROBERT B  
Address: 3620 LETTUCE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R ALAN WEAVER

PD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date