

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056488

FILED
Jul 07, 2008
Secretary of State

Entity Name: M WALLACE ENTERPRISES, INC.

Current Principal Place of Business:

8701 NW CR 251
MAYO, FL 32066

New Principal Place of Business:

Current Mailing Address:

P O BOX 326
MAYO, FL 32066

New Mailing Address:

FEI Number: 33-1166027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, MIKE
8701 NW CR 251
P O BOX 326
MAYO, FL 32066 US

Name and Address of New Registered Agent:

WALLACE, MIKE
8701 NW CR 251
MAYO, FL 32066 US

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

07/07/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: WALLACE, MIKE
Address: 8701 NW CR 251
City-St-Zip: MAYO, FL 32066

Title: VP/T () Delete
Name: KEARCE, KRISTI
Address: 815 NW CR 260
City-St-Zip: MAYO, FL 32066

Title: S () Delete
Name: KIMBRIL, ROBIN
Address: 8701 NW CR 251
City-St-Zip: MAYO, FL 32066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/T (X) Change () Addition
Name: MULLEN, KRISTI
Address: 22541 144TH ST
City-St-Zip: LIVE OAK, FL 32060

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: MIKE D. WALLACE

Electronic Signature of Signing Officer or Director

P/D

07/07/2008

Date