

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT #P92000013713

1. Entity Name
RANDALL C. WALLACE, D.D.S., P.A.



Principal Place of Business
445 ST RD 13
S22
JACKSONVILLE, FL 32259 US

Mailing Address
445 ST RD 13
S22
JACKSONVILLE, FL 32259 US



06022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE. Number **59-3158896** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, RANDALL C D.D.S.
445 STATE RD. 13
STE 22
JACKSONVILLE, FL 32259

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 _____ DATE _____
(Print or typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature (if and when required))

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fee**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALLACE, RANDALL C 445 STATE ROAD 13 STE 22 JACKSONVILLE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information.

SIGNATURE: Randall C. Wallace **Randall C. Wallace** 6/2/04 904-287-0033
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #