

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90575 011 ***150.00

DOCUMENT # P93000046811 1. Entity Name R.C. WALLACE & ASSOCIATES, INC.																																						
Principal Place of Business 2992 PINWOOD RUN PALM HARBOR, FL 34684 US		Mailing Address 2992 PINWOOD RUN PALM HARBOR, FL 34684 US																																				
2. Principal Place of Business 3301 HAVILAND CT. Suite, Apt. #, etc. # 304		3. Mailing Address 3301 HAVILAND CT. Suite, Apt. #, etc. # 304																																				
City & State PALM HARBOR, FL		City & State PALM HARBOR, FL																																				
Zip 34684 Country US		Zip 34684 Country US																																				
4. FEI Number 59-3194369		Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																				
6. Name and Address of Current Registered Agent WALLACE, ROBERT C 2992 PINWOOD RUN PALM HARBOR, FL 34684		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3301 HAVILAND CT., # 304 City PALM HARBOR FL Zip Code 34684																																				
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: <u><i>Robert C Wallace</i></u> DATE: <u>4/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> DP WALLACE, ROBERT C 2992 PINWOOD RUN PALM HARBOR, FL </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALLACE, ROBERT C 2992 PINWOOD RUN PALM HARBOR, FL	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3301 HAVILAND CT., #304 PALM HARBOR, FL 34684 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3301 HAVILAND CT., #304 PALM HARBOR, FL 34684												
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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)(i), 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: <u><i>Robert C Wallace</i></u> Date: <u>4/14/05</u> 727-799-1900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																						