

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 047 ***150.00

DOCUMENT # P93000046811

1. Entity Name
R.C. WALLACE & ASSOCIATES, INC.



Principal Place of Business
3301 HAVILAND CT
304
PALM HARBOR, FL 34684 US

Mailing Address
3301 HAVILAND CT
304
PALM HARBOR, FL 34684 US

2. Principal Place of Business
2690 CORAL LANDINGS BLVD.
Suite, Apt. #, etc.
APT 122

3. Mailing Address
2690 CORAL LANDINGS BLVD.
Suite, Apt. #, etc.
APT. 122

City & State
PALM HARBOR, FL

City & State
PALM HARBOR, FL

Zip
34684

Country
US

Zip
34684

Country
US

07032006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3194369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, ROBERT C
3301 HAVILAND CT, # 304
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name
WALLACE, ROBERT C.

Street Address (P.O. Box Number is Not Acceptable)
2690 CORAL LANDINGS BLVD.
APT. 122

City & State
PALM HARBOR FL Zip
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALLACE, ROBERT C 3301 HAVILAND CT, # 304 PALM HARBOR, FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2690 CORAL LANDINGS BLVD, #122 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 althor like empowered.

SIGNATURE:

Robert C. Wallace

7-12-06

727-739-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #