2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000046811

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

Principal Place of Business	Mailing Address
2690 CORAL LANDINGS BV	2690 CORAL LANDINGS BV
APT 122	APT 122
PALM HARBOR, FL 34684 US	PALM HARBOR, FL 34684 US

DO NOT WRITE IN THIS SPACE

02072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3194369	Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, ROBERT C
2690 CORAL LANDINGS BLVD
APT 122
PALM HARBOR, FL 34684

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_____
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 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	WALLACE, ROBERT C
STREET ADDRESS	2690 CORAL LANDINGS BLVD APT 122
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000578460
04/02/07-80034-019 150.00

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: _Robert P Wallace_   3-22-07   727-789-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #