### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P94000024037

1. Entity Name

WALLACE AIR CONDITIONING SERVICE, INC.



Principal Place of Business

11200 SW 49TH PL

FT LAUDERDALE, FL 33330

Mailing Address

11200 SW 49TH PL

FT LAUDERDALE, FL 33330

FILED Apr 13, 2007 08:00 A Secretary of State



### DO NOT WRITE IN THIS SPACE

03092007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0478522 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, RUSSELL K 11200 SW 49TH PL FT LAUDERDALE, FL 33330

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	ne 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 e obligations of registered agent.								
SIGNATL	JRE								
	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: I	Registered Agent signature	required when reinstating)	DATE				
	FILE NOW!!! FEE IS \$150.00 r May 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
TITLE	D								
NAME	WALLACE, RUSSELL K				•				

#### STREET ADDRESS 11200 SW 49TH PL CITY-ST-ZIP FT LAUDERDALE, FL 33330 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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000000703864 04/20/07-80157-013 150.00

12. I hereby certify that the information supplied with this filling 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 chapter on an attachment with 3 address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07

Daytime Phone #