

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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



04122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0478522

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000921153
05/14/08-80070-015 150.00

**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:

Russell Wallace 4/14/08 857-434-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #