

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047233

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: WALLACE INSURANCE SERVICES, INC.

## Current Principal Place of Business:

151 SWEET GUM LANE  
PORT ORANGE, FL 32119

## New Principal Place of Business:

555 BEVILLE RD  
SOUTH DAYTONA, FL 32119

## Current Mailing Address:

151 SWEET GUM LANE  
PORT ORANGE, FL 32119

## New Mailing Address:

555 BEVILLE RD  
SOUTH DAYTONA, FL 32119

FEI Number: 59-3326064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, CHARLES  
151 SWEET GUM LANE  
PORT ORANGE, FL 32119 US

## Name and Address of New Registered Agent:

WALLACE, CHARLES  
151 SWEET GUM LANE  
PORT ORANGE, FL 32129 US

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.

SIGNATURE:

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALLACE, CHARLES  
Address: 151 SWEET GUM LANE  
City-St-Zip: PORT ORANGE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALLACE, CHARLES  
Address: 151 SWEET GUM LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP ( ) Change (X) Addition  
Name: WALLACE, LINDA A  
Address: 151 SWEETGUM LA  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES WALLACE

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date