

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047233

FILED
Apr 09, 2008
Secretary of State

Entity Name: WALLACE INSURANCE SERVICES, INC.

Current Principal Place of Business:

555 BEVILLE RD
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

555 BEVILLE RD
SOUTH DAYTONA, FL 32119

New Mailing Address:

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
4584 TERRACE VILLAGE DR
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, CHARLES
Address: 4584 TERRACE VILLAGE DR
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: WALLACE, LINDA A
Address: 4584 TERRACE VILLAGE DR
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

04/09/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date