

FILED  
Feb 17, 2005 8:00 am  
Secretary of State

01-21-2005 90044 028 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |                                                                                                                                                                                                  |
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| <b>DOCUMENT # P95000097305</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                 |
| 1. Entity Name<br>WALLACE HOMES OF SOUTHWEST FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                                                                                                                                                  |
| Principal Place of Business<br>23750 OLD LIGHTHOUSE RD<br>BONITA SPRINGS, FL 34134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | Mailing Address<br>23750 OLD LIGHTHOUSE RD<br>BONITA SPRINGS, FL 34134                                                                                                                           |
| 2. Principal Place of Business<br>8001 VIA RAPALLO DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | 3. Mailing Address<br>8001 VIA RAPALLO DRIVE                                                                                                                                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | Suite, Apt. #, etc.                                                                                                                                                                              |
| City & State<br>Cestero, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | City & State<br>Cestero, FL                                                                                                                                                                      |
| Zip<br>33928                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br>USA                                                                                          | Zip<br>33928                                                                                                                                                                                     |
| Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                                                                  |
| 5. Name and Address of Current Registered Agent<br>PASSIDOMO, KATHLEEN C<br>2640 GOLDEN GATE PARKWAY SUITE 315<br>NAPLES, FL 33942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                                                                 |
| 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 reappointing)<br>Signature, typed or printed name of registered agent and title if applicable. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                                                                                  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D WALLACE, JAMES <input type="checkbox"/> Delete<br>23750 OLD LIGHTHOUSE RD<br>BONITA SPRINGS, FL 34134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>WALLACE, JAMES<br>8001 VIA RAPALLO DRIVE<br>Cestero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |                                                                                                                                                                                                  |

66002158



01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0631248 Applied For  
Not Applicable

8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required