

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90269 036 \*\*\*150.00

**DOCUMENT # P96000058801**

1. Entity Name

WALLACE CARPET INSTALLATION INC.



Principal Place of Business

619-1 CASSAT AVE  
JACKSONVILLE FL 32205  
US

Mailing Address

11322 KITTRELL PINES TERRACE  
JAX FL 32220  
US 6861 Odie Yarbrough Rd.  
Glen St. Mary's, FL 32040

2. Principal Place of Business

619-1 Cassat Ave.

3. Mailing Address

6861 Odie Yarbrough Rd.  
Glen St. Mary's, FL 32040

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Glen St. Mary's, FL.

Zip

32205

Country

US

Zip

32040

Country

US



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3385531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TENNISON, DANITA  
11322 KITTRELL PINES TER  
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Danita Tennison Danita Tennison April 12, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TENNISON, DANITA  
STREET ADDRESS 333 JONES RD  
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE V  
NAME MCMAHEL, WALLACE  
STREET ADDRESS 11322 KITTRELL PINES TER  
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Tennison, Danita  
STREET ADDRESS 6861 Odie Yarbrough Rd.  
CITY-ST-ZIP Glen St. Mary's, FL 32040 ☒ Change ☐ Addition

TITLE V  
NAME mcmahel, wallace  
STREET ADDRESS 6861 Odie Yarbrough Rd.  
CITY-ST-ZIP Glen St. Mary's, FL 32040 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Danita Tennison Danita Tennison April 12, 2005 6861 Odie Yarbrough Rd. (904) 686-9013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #