

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058801

FILED
Apr 30, 2009
Secretary of State

Entity Name: WALLACE CARPET INSTALLATION INC.

Current Principal Place of Business:

619-1 CASSAT AVE
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

551-2 CHATHAM ST.
JACKSONVILLE, FL 32254 US

Current Mailing Address:

6861 ODIS YARBOROUGH RD
GLEN SAINT MARY, FL 32040 US

New Mailing Address:

FEI Number: 59-3385531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENNISON, DANITA
6861 ODIS YARBOROUGH RD.
GLEN SAINT MARY'S, FL 32040 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: TENNISON, DANITA
Address: 6861 ODIS YARBROUGH RD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

Title: V () Delete
Name: MCMAHEL, WALLACE
Address: 6861 ODIS YARBROUGH RD
City-St-Zip: GLEN SAINT MARY, FL 32040 US

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: DANITA TENNISON

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date