


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000058566	
1. Entity Name WALLACE CONSTRUCTION COMPANY	

Principal Place of Business 1906 OAKVIEW CIR. ST. CLOUD, FL 34769	Mailing Address P.O. BOX 700422 ST. CLOUD, FL 34770-0422
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3523194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WALLACE, EUGENE 1906 OAKVIEW CIR. ST. CLOUD, FL 34769

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	WALLACE, CYNTHIA R 1906 OAKVIEW CIR SAINT CLOUD, FL 34769
TITLE CGM	WALLACE, EUGENE 1906 OAKVIEW CIR SAINT CLOUD, FL 34769
TITLE S	WALLACE, DAVIS E 1906 OAKVIEW CIR SAINT CLOUD, FL 34769
TITLE 	
TITLE 	
TITLE 	

000000379750
01/10/06-80034-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dave Wallace **DAVE WALLACE** 1-4-06 407-891-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #