


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90200 011 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P99000099760 | | | |  | |
| 1. Entity Name WALLACE LAW FIRM, P.A. | | | | | |
| Principal Place of Business 3225 S. MACDILL AVE., SUITE 129-111 TAMPA, FL 33629 | | | Mailing Address 3225 S. MACDILL AVE., SUITE 129-111 TAMPA, FL 33629 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3607661 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALLACE, MICHAEL R 4601 WEST KENNEDY BLVD. SUITE 104 TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name: <u>Scott C. Davis</u> Street Address (P.O. Box Number is Not Acceptable): <u>2907 W. Bay to Bay Blvd.</u> <u>Suite 219</u> City: <u>Tampa</u> FL Zip Code: <u>33629</u> | | |
| 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: <u>[Signature]</u> DATE: <u>4/30/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DPST WALLACE, MICHAEL R 4601 WEST KENNEDY BLVD. SUITE 104 TAMPA, FL 33609 | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PSTD Wallace, Michael R. 3225 South MacDill Ave. Ste. 129-111 Tampa, FL 33629 | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>[Signature]</u> | | | Michael A. Wallace, President <u>4/30/08</u> 813-546-6667 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |