

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90148 022 \*\*\*150.00

**DOCUMENT # S52136**

1. Entity Name

WALLACE OUTDOOR ADVERTISING, INC.



Principal Place of Business

7425 US HWY 19  
NEW PORT RICHEY FL 34652  
US

Mailing Address

7425 US HWY 19  
NEW PORT RICHEY FL 34652  
US

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 **59-3070834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, BRENT D.  
5303 SEA FOREST DR  
NEW PORT RICHEY FL 34652

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
PST  
WALLACE, BRENT D.  
5303 SEA FOREST DR.  
NEW PORT RICHEY FL 34652 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
VP  
JOSIE V. WALLACE  
5303 SEA FOREST DRIVE  
NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
V  
GEIGER, SHERRON O  
900 SILO BRANCH RD  
FRANKLIN NC 28734-8277 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Josie V Wallace*

JOSIE V WALLACE

(727) 842-9875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #