2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# S84314

Entity Name: R.J. WALLACE & ASSOC., INC.

Current Principal Place of Business:

8213 HIGHWAY 82
TWIN LAKES, CO 81251 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9
TWIN LAKES, CO 81521 US

New Mailing Address:

FEI Number: 59-3088684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROOKSHIRE, BARBARA G
2861 BRACKRIDGE BLVD E
JACKSONVILLE, FL 32216 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: PD ( ) Delete
Name: WALLACE, ROBERT JOEL,
Address: 8213 HIGHWAY 82
City-St-Zip: TWIN LAKES, CO 81251 US

Title: SD ( ) Delete
Name: WALLACE, VICTORIA IR, AL
Address: 8213 HIGHWAY 82
City-St-Zip: TWIN LAKES, CO 81251 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 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 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: ROBERT JOEL WALLACE PD 01/06/2005

Electronic Signature of Signing Officer or Director Date