

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84314

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

FILED  
Feb 06, 2009  
Secretary of State

## 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 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: ROBERT J WALLACE

PD

02/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date