

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G77143

**Entity Name:** C. EDWARD WALLACE C.P.A., P.A.

**Current Principal Place of Business:**

% C. EDWARD WALLACE  
6239 VISTA VERDE DRIVE, WEST  
GULFPORT, FL 33707-6908

**Current Mailing Address:**

% C. EDWARD WALLACE  
6239 VISTA VERDE DRIVE, WEST  
GULFPORT, FL 33707-6908 US

**FEI Number:** 59-2358853

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALLACE, C. EDWARD  
6239 VISTA VERDE DRIVE, WEST  
GULFPORT, FL 33707-6908 US

*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

**Officer/Director Detail :**

Title PD  
Name WALLACE, C. EDWARD  
Address 6239 VISTA VERDE DRIVE, WEST  
City-State-Zip: 337074512 FL 33707-6908

*I hereby 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 all other like empowered.*

**SIGNATURE:** C. EDWARD WALLACE

**PRESIDENT**

**02/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date