

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12388

Entity Name: LAWN MASTER, INC.

FILED  
Feb 23, 2007  
Secretary of State

## Current Principal Place of Business:

3200 JOHNSON AVE.  
P. O. BOX 15470  
PENSACOLA, FL 32514

## New Principal Place of Business:

## Current Mailing Address:

3200 JOHNSON AVE.  
P. O. BOX 15470  
PENSACOLA, FL 32514

## New Mailing Address:

FEI Number: 59-2049647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH R JR  
3200 JOHNSON AVE.  
PENSACOLA, FL 32514      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: D      ( ) Delete  
Name: WEEKLEY, KENNETH L  
Address: 4957 SOUNDSIDE DR  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: PD      ( ) Delete  
Name: WILLIAMS, JOSEPH R JR  
Address: 1705 BAKALANE AVE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: D      ( ) Delete  
Name: WEEKLEY, WILLIAM R  
Address: 13110 THOMPSON RD  
City-St-Zip: FAIRFAX, VA 22030 US

Title: VPD      ( ) Delete  
Name: WILLIAMS, SCOTT B  
Address: 3305 WHITELEAF CIR  
City-St-Zip: PENSACOLA, FL 32504 US

Title: VPD      ( ) Delete  
Name: WILLIAMS, JEFFREY L  
Address: 750 WOODBINE DR  
City-St-Zip: PENSACOLA, FL 32503 US

Title: ST      ( ) Delete  
Name: WILLIAMS, MARGARET E  
Address: 1705 BAKALANE AVE  
City-St-Zip: PENSACOLA, FL 32504 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: SCOTT WILLIAMS

PD

02/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date