

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11528

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: WORK A HOLICS LANDSCAPE MANAGEMENT, INC.

**Current Principal Place of Business:**

5470 HIDDEN OAKS LANE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

2170 LOGAN BLVD NORTH  
NAPLES, FL 34119 US

**Current Mailing Address:**

5470 HIDDEN OAKS LANE  
NAPLES, FL 34119 US

**New Mailing Address:**

2170 LOGAN BLVD NORTH  
NAPLES, FL 34119 US

FEI Number: 59-2242905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, CULLEN ZANE  
5470 HIDDEN OAKS LANE  
NAPLES, FL 34119 US

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

WALKER, CULLEN ZANE  
2150 LOGAN BLVD NORTH  
NAPLES, FL 34119 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: \_\_\_\_\_

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: WALKER, CULLEN ZANE,  
Address: 5470 HIDDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

Title: T ( ) Delete  
Name: WALKER, CULLEN ZANE,  
Address: 5470 HIDDEN OAKS LANE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVS (X) Change ( ) Addition  
Name: WALKER, CULLEN ZANE,  
Address: 2150 LOGAN BLVD NORTH  
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change ( ) Addition  
Name: WALKER, CULLEN ZANE,  
Address: 2150 LOGAN BLVD NORTH  
City-St-Zip: NAPLES, FL 34119

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: CULLEN WALKER

MR

01/29/2008

Electronic Signature of Signing Officer or Director

Date