

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # G44933

1. Entity Name
L.A.W. HORTICULTURAL SERVICES, INC.



Principal Place of Business
**61 W FLAMINGO DR
EVERGLADES CITY FL 34139-0178**

Mailing Address
**P.O. BOX 178
EVERGLADES CITY FL 34139-0178**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2323557**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBER, LARRY A
P.O. BOX 178
61 W FLAMINGO DR
EVERGLADES CITY FL 34139-0178**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May C**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DP
WEBER, LARRY A
P.O. BOX 178
EVERGLADES CITY FL 34139-0178**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**U000000616501
02/07/07-80030-018 150.00**

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry A. Weber LARRY A. WEBER 1-29-07 239-695-847.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #