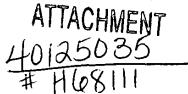
2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 13, 2007 8:00 am Secretary of State **DOCUMENT # H68111** 07-13-2007 90089 015 ***150.00 WILSON'S CLEANING AND TRACTOR SERVICE, INC. 40125035 Principal Place of Business Mailing Address 18140 BENES ROUSH RD. 18140 BENES ROUSH RD. BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34609 07092007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2574453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, HILDA DO NOT WRITE 18140 BENES ROUSH RD. BROOKSVILLE, FL 34609 IN THIS SPACE 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 Fiorida. 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 18 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE WILSON, WILLIE F. NAME STREET ADDRESS 18140 BENES ROUSH RD. CITY-ST-ZIP BROOKSVILLE, FL VST TITLE WILSON, HILDA M. NAME STREET ADDRESS 18140 BENES ROUSH RD. CITY-ST-ZIP BROOKSVILLE, FL TITLE NAME WILSON, HILDA M. 18140 BENES ROUSH RD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BROOK\$VILLE, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED





Wilson Cleaning & Tractor Service, Inc 18140 Benes Roush Road Brooksville, FL 34604 (352) 799-6339 (352) 799- 0385-FAX

Florida Department of State Secretary of State Division of Corporations P.O. Box 8700 Tallahassee, FL 32314

Dear Sir or Madam:

I am writing to request a waiver of the late fee applying to document number H68111, 2007 For Profit Corporation Annual Report, due to never having received any notification that this document was due.

Upon receipt of notification of a sixty (60) day notice that the business will be administratively dissolved/revoked and an additional reinstatement fee will be due, I called you office and spoke with Gary. I am following up per his instructions.

Due to not having received the original notification of the annual report being due, I am requesting that the fee revert to the original \$150.00, and the \$400.00 late fee be waived.

Sincerely,

Alda Musikson

Hilda M. Wilson