

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39033

FILED
Apr 12, 2009
Secretary of State

Entity Name: LAWN CARE BY WALT, INC.

Current Principal Place of Business:

% MAMMIE L. SACHON
11431 122 AVE NORTH
LARGO, FL 34648

New Principal Place of Business:

% MAMMIE L. SACHON
11431 122 AVE NORTH
LARGO, FL 33778

Current Mailing Address:

% MAMMIE L. SACHON
11431 122 AVE NORTH
LARGO, FL 34648

New Mailing Address:

% MAMMIE L. SACHON
11431 122 AVE NORTH
LARGO, FL 33778

FEI Number: 59-2985674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHON, MAMMIE L.
11431 122 AVENUE NORTH
LARGO, FL 34648 US

Name and Address of New Registered Agent:

SACHON, MAMMIE L.
11431 122 AVENUE NORTH
LARGO, FL 33778 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:

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SACHON, WALTER
Address: 11431 122 AVE N.
City-St-Zip: LARGO, FL

Title: D () Delete
Name: SACHON, MAMMIE L.
Address: 11431 122 AVE N.
City-St-Zip: LARGO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MAMMIE L. SACHON

SELF

04/12/2009

Electronic Signature of Signing Officer or Director

Date