2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N01000000667

Entity Name: FLORIDA VEGETATION MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1809 E. BROADWAY ST.
SUITE 325
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1809 E. BROADWAY ST.
SUITE 325
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3651346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASON, PAUL R
2250 OAK SHADOW CT
OVIEDO, FL 32766 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITECAR, TERRY
Address: 230 MILLER ROAD
City-St-Zip: ORANGE CITY, FL 32763

Title: DV ( ) Delete
Name: SEITZ, GARY
Address: 5052 SHADY LAKE LANE
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: YARRISH, LINDA
Address: 3301 GUN CLUB ROAD #5650
City-St-Zip: WEST PALM BEACH, FL 33416

Title: TD ( ) Delete
Name: MASON, PAUL
Address: 2550 OAK SHADOW COURT
City-St-Zip: OVIEDO, FL 32766

Title: D ( ) Delete
Name: LEWIS, J.A.
Address: 66 LASLIE PLANTATION ROAD
City-St-Zip: QUINCY, FL 32352

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HURYSZ, PAUL
Address: 232 WINONA CR
City-St-Zip: AUBURNDALE, FL 33823

Title: DV (X) Change ( ) Addition
Name: HOUSE, JASON
Address: 1295 E ROCKY BRANCH RD
City-St-Zip: MONTICELLO, FL 32344

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL MASON TD 05/02/2007
Electronic Signature of Signing Officer or Director — Date