## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P03000124911  1. Entity Name WALTER & FAMILY LAWN SERVICE, INC.					Secretary of State		
2227 MCLEI	LAN STREET 11	ling Address 3 NORTH FEDERAL HWY. NIA BEACH, FL 33004	-				
DO NOT WRITE IN THIS SPACE			CE	04222005 4. FEI Numb 56-241	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
ADAMS, GERALD 113 NORTH FEDERAL HWY DANIA BEACH, FL 33004			DO NOT WRITE 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 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, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ded to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PS FUNCHESS, WALTER 2227 MCLELLAN STREET HOLLYWOOD, FL 33020	OHS			UOQOO US/04/05	3357532 -80878004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FUNCHESS, SUSIE 2227 MCLELLAN STREET HOLLYWOOD, FL 33020						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
<ol> <li>I hereby c indicated of the cor changed,</li> </ol>	certify that the information supplied with this on this report or supplemental report is trace an poration or the receiver or trustee emporared or on an attachment with an address of the model.	does not qualify for the exer daccurate and that my signat execute this report as requir ther like emponent	nption stated in Source shall have the ed by Chapter 60	ection 119.07(3)( same legal effec 7, Florida Statute	(i), Florida Statutes. I It as if made under o es; and that my name	further certify that the Information bath; that I am an officer or director e appears in Block 10 or Block 11 if	

Gerald J.Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C

SIGNATURE: \_