## 2007 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** May 04, 2007 08:00 AM Secretary of State **DOCUMENT # P03000124911** 1. Entity Name WALTER & FAMILY LAWN SERVICE, INC. Principal Place of Business Mailing Address 2227 MCLELLAN STREET 113 NORTH FEDERAL HWY. HOLLYWOOD, FL 33020 DANIA BEACH, FL 33004 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2412825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, GERALD DO NOT WRITE 113 NORTH FEDERAL HWY DANIA BEACH, FL 33004 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FUNCHESS, WALTER STREET ADDRESS 2227 MCLELLAN STREET CITY-ST-ZIP HOLLYWOOD, FL 33020 TITI F NAME FUNCHESS, SUSIE STREET ADDRESS 2227 MCLELLAN STREET CITY-ST-ZIP HOLLYWOOD, FL 33020

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## DO NOT WRITE IN THIS SPACE

2. 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 supplier and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the corporation or the received or trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if open a gradiers, with all other like empowered.

TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE

Dayline Phone #