

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AP)**

DOCUMENT # P04000027296

1. Entity Name

VAL'S LAWN CARE, INC.



Principal Place of Business

2003 GARDENBROOK LANE
TALLAHASSEE FL 32301

Mailing Address

2003 GARDENBROOK LANE
TALLAHASSEE FL 32301

2. Principal Place of Business - No P.O. Box #

2003 Gardenbrook Ln

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

City & State

Zip

32301

Country

U.S.A.

Zip

Country

6. Name and Address of Current Registered Agent

WOLFE, LARRY S
200-A JOHN KNOX RD
TALLAHASSEE FL 32303

*CFO Today
LEDSER PLUS
Kearney W. Pool
850 681-1941*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Kearney W. Pool

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/3/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD Delete
NAME: PELAYO, VALANTIN
STREET ADDRESS: 2003 GARDENBROOK LANE
CITY- ST- ZIP: TALLAHASSEE FL 32301

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY- ST- ZIP: Change Addition

TITLE: S Delete
NAME: PEFAYO, MARIA E Delete
STREET ADDRESS: 2003 GARDEN BROOK LN
CITY- ST- ZIP: TALLAHASSEE FL 32301

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY- ST- ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY- ST- ZIP: Change Addition

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

SIGNATURE:

Valentia Pury

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/07

850 322 7456

Daytime Phone #