

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043322

FILED
Apr 27, 2007
Secretary of State

Entity Name: FLORIDA VEGETATION MANAGEMENT, INC.

Current Principal Place of Business:

P.O. BOX 1281
ARCADIA, FL 34265

New Principal Place of Business:

2470 SW CHARLOTTE STREET
ARCADIA, FL 34265

Current Mailing Address:

P.O. BOX 1281
ARCADIA, FL 34265

New Mailing Address:

FEI Number: 20-0856770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREVINO, MARIA B
10175 STATE RD. 70 N.W.
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

TREVINO, MARIA B
2470 SW CHARLOTTE STREET
ARCADIA, FL 34266 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: MARIA B TREVINO

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TREVINO, MARIA B
Address: P.O. BOX 1281
City-St-Zip: ARCADIA, FL 34265

Title: V () Delete
Name: WATERS, BYRON D
Address: P.O. BOX 1281
City-St-Zip: ARCADIA, FL 34265

Title: S (X) Delete
Name: WATERS, TRUITT R
Address: PO BOX 1281
City-St-Zip: ARCADIA, FL 34265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: BYRON D WATERS

V

04/27/2007

Electronic Signature of Signing Officer or Director

Date