2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P05000003365

Entity Name: JW TOTAL LAWN CARE, INC.

Current Principal Place of Business:

3808 PURCELLVILLE COURT
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

3808 PURCELLVILLE COURT
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 20-1962738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, PEARLLINDA M
3002 OCEAN DRIVE, SOUTH
JACKSONVILLE BEACH, FL 32250 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WALLACE, JAMES G	
Address:	3808 PURCELLVILLE COURT	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	VP	( ) Delete
Name:	WALLACE, PEARLLINDA M	
Address:	3002 OCEAN DRIVE S	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	S/T	( ) Delete
Name:	MCCLURE, DONALD R	
Address:	3002 OCEAN DRIVE S	
City-St-Zip:	JACKSONVILLE BEACH, FL 32250	
Title:	DIR	( ) Delete
Name:	CLEM, RUTH A	
Address:	9726 EDWISE TRL.	
City-St-Zip:	SAN ANTONIO, TX 78251	

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:	
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: PEARLLINDA M. WALLACE TREA 04/26/2007

Electronic Signature of Signing Officer or Director — Date