2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State
01-31-2007 90050 039 ***150.00

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1. Entity Name
WALTERS LANDCLEARING, INC

Principal Place of Business	Mailing Address
10930 SOUTHFORK LOOP PANAMA CITY, FL 32404 US	10930 SOUTHFORK LOOP PANAMA CITY, FL 32404 US

DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3231220
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, STACEY M
10930 SOUTHFORK LOOP
PANAMA CITY, FL 32404

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALTERS, RONALD L SR
STREET ADDRESS	10926 SOUTHFORK LOOP
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	VP
NAME	WALTERS, DONALD J SR
STREET ADDRESS	10930 SOUTHFROK LOOP
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	TRS
NAME	WALTERS, STACEY M
STREET ADDRESS	10930 SOUTHFORK LOOP
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	SEC
NAME	WALTERS, MELDEANA M
STREET ADDRESS	10926 SOUTHFORK LOOP
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Stacey Walters Stacey Walters 2-14-07 850-722-4167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #